

**NAVAL RESERVE TRAINING  
TRAINING GAME  
GUIDE**

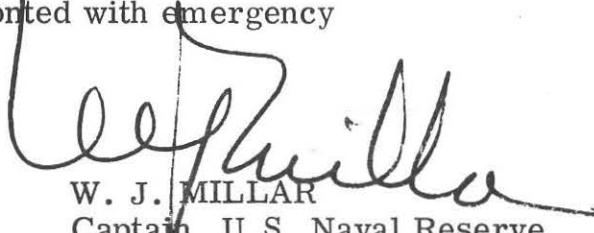


**FIRST AID**

**COMMANDER, NAVAL RESERVE TRAINING  
30th and Fort Streets  
Omaha, Nebraska 68111**

## FORWARD

This guide is promulgated by Commander, Naval Reserve Training and is for use in Naval Reserve Training programs to improve the readiness of individuals and teams to perform first aid correctly when confronted with emergency personnel casualties.



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Training



## INTRODUCTION

This guide is for use primarily by those who plan and conduct first aid training games. Since first aid is an all hands requirement, use of the guide in all Naval Reserve training programs is encouraged.

Suggested first aid problems for inclusion in games, procedures for conducting exercises preparatory to gaming and guidance for training novices in first aid prior to their participation in exercises or games are provided.

Many people and a wide variety of literature have contributed to the preparation of this guide. Primarily, the publication is the work of Naval Reservists of the Sixth Naval District, who, encouraged by the commandant and members of his staff, initiated adaptation of current USN first aid materials for use in Naval Reserve practical and team training. Part I, Emergency Personnel Casualty Problem Cards, was produced by war gamers at the Naval Reserve Training Center, St. Petersburg, Florida. Parts II and III were edited from materials assembled and organized by Naval Reservists of the Medical Service Corps, Tampa, Florida.

Submission of corrections and recommended changes to this publication is invited. These should be forwarded directly to Commander, Naval Reserve Training.





## DISTRIBUTION INFORMATION

NRT 1500-4, NAVAL RESERVE TRAINING GAME GUIDE IN  
FIRST AID

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Emergency Personnel Casualty Problem Cards	Part I
Team Exercises	Part II
Naval Reserve Training in First Aid, Practical Training	Part III

### DISTRIBUTION (About 1 Nov 1971)

Complete Guide	
Commandants (less 10, 15 and ND WASHDC)	3 each
Naval Reserve Training Centers	2 each
Naval Reserve Training Facilities	2 each
Group Commanders	1 each
Fleet Expansion Units	2 each
Naval War College (Naval Reserve War Gaming Division)	10 each

DISTRIBUTION INFORMATION

NAVJAG 100-1, NATAL RESERVE TRAINING DATA REPORT  
FIRST AID

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## NAVAL RESERVE TRAINING IN FIRST AID

### GENERAL

Combat readiness demands constant attention by officers and men if proficiency is to be developed and maintained. To provide the Naval Reserve Fleet Expansion and other type units with a means of attending to combat readiness, Naval Reserve war gaming was programmed into practical and team training.

This publication furnishes guidance for including practice of first aid functions in practical and team training and war games.

Ship's watch quarter and station bills assign people to General Quarters stations. Mass personnel casualty treatment areas, battle dressing stations and all special assignments are promulgated by the Medical Officer.

Although medical treatment aboard ship is the primary responsibility of the Medical Department, it is essential that all hands know how to apply first aid, where to obtain and how to use first aid equipment and how to handle and transport wounded.

Naval Reserve War Game planners should incorporate first aids treatment of emergency personnel casualties when appropriate in simulated operational situations.

Part I of this guide is a group of emergency personnel casualty problems that can be programmed into games.

Part II is a set of team training exercises to be used by observers who plan the first aid portion of training games, prepare teams for training games and conduct remedial training resulting from evaluation of games played.

Part III is guidance for use by those skilled in first aid in training novices prior to their participation in exercises.

First aid functions are included in the guide that all hands need to be able to perform in emergencies to save and sustain life and to properly handle victims until they can be administered to by professionals.

Special attention is given to those principles and practices in first aid which should be stressed for non-medical personnel. Definitive therapy procedures which are restricted to physicians or to para-medical people under medical direction are not covered.

Selection of functions was based on instructional and performance requirements for first aid listed in paragraph 6610160, NAVPERS 15791B, Bureau of Naval Personnel Manual, Chapter 4 NAVMED P-117, Manual of the Medical Department, U. S. Navy and NAVPERS 18068C, Manual of Qualifications for Advancement and OPNAV 34-03, Landing Party Manual.

This guide is based upon instructional materials, (curricula, publications and training aids) currently in use in the Navy. These materials have been adapted for practical and team training using the training game concept and demonstration performance method of instruction.

#### APPLICATION OF THE TRAINING GAME CONCEPT

Interest in first aid training can be increased through use of the training game concept. This simply means that individuals or groups of individuals compete against each other and are scored on an evaluation form furnished with each exercise of this guide.

Players perform the function(s) in each exercise and are then compared as to degree of efficiency expressed in percentage. The individual or team with the highest score is the winner.

Training game observers, leading petty officers, division officers, and department heads may also compete as well as divisions, departments and units.

Only representative training game exercises in first aid are included in this guide. Units are encouraged to develop additional exercises and evaluation procedures locally.

## PART I - EMERGENCY PERSONNEL CASUALTY PROBLEM CARDS

These cards provide the means of programming specific emergency personnel casualties into war games.

Copies of the cards should be provided the game director and to each observer.

The cards can be used by the game director to induce appropriate emergency personnel casualties along with simulated material casualties inflicted on units during a game.

The observers can use the cards to evaluate the correctness of reports made from and actions taken at the scene in each instance.

Analysis of all observer evaluations will provide an indication of the degree of unit proficiency in first aid and the basis for planning remedial team exercises prior to subsequent games.

## PART II - TEAM EXERCISES

These exercises are guidance for planning training games and workup team training prior to gaming. Each is designed for use in training people to work together, to get the "feel" of using actual or simulated first aid equipment and to reinforce knowledge of correct performance of each first aid function. Members of units with previous first aid experience should be included in these exercises.

Training game observers should serve as instructors. Where possible, they should be medical personnel but in all instances skilled in first aid.

Each exercise should be thought of as being similar to a football play. Exercises in first aid, damage control, and engineering casualty control that are included in Naval Reserve training games correspond to plays included in football game plans. Training game exercises are practiced in workup team training similar to the way football plays are polished in scrimmage.



As in football scrimmages, workup team training procedures may vary. A series of exercises may be conducted continuously and competitively with corrective action scheduled as a followup, or individual exercises may be executed and repeated until performance is satisfactory.

#### LIST OF FIRST AID EXERCISES

The following exercises are included in Part II of this guide.

FA - 1	Artificial Respiration
FA - 2	Electrical Shock and Cardiac Arrest
FA - 3	Second Degree Burns
FA - 4	Chemical Burns
FA - 5	Radiation Burns
FA - 6	Simple Fractures
FA - 7	Compound Fractures
FA - 8	Heat Exhaustion - Heat Stroke
FA - 9	Wounds
FA - 10	Mass Casualties

#### PART III - NAVAL RESERVE TRAINING IN FIRST AID, PRACTICAL TRAINING

This part is guidance for instructors to use in training Naval Reservists with no first aid skill to perform the functions prescribed herein.

Instructors should be medical people if possible but in any event qualified and skillful in first aid.

Instructors should use the demonstration performance method of instruction in teaching each skill. The following sequencing is an example of application of this method:

- a. Explain and illustrate procedures for performing function step by step.
- b. Demonstrate the function.
- c. Walk through the function with student(s).
- d. Have student(s) perform the function.
- e. Repeat demonstration and performance until learning takes place.

This section is broken into the following practical training segments;

Segment 1	Artificial Respiration
Segment 2	Burns, Emergency Procedure
Segment 3	Wounds
Segment 4	Fracture - Simple and Compound
Segment 5	Handling and Transportation of Injured
Segment 6	Cardiopulmonary Resuscitation
Segment 7	Heat Exhaustion and Heat Stroke

This manual is written for the following practical training groups

1. Technical Drawing	1. Mechanical Engineering
2. Machine Design	2. Electrical Engineering
3. Machine Drawing	3. Chemical Engineering
4. Machine Design	4. Metallurgical Engineering
5. Machine Design	5. Civil Engineering
6. Machine Design	6. Industrial Engineering
7. Machine Design	7. Environmental Engineering
8. Machine Design	8. Food Engineering
9. Machine Design	9. Textile Engineering
10. Machine Design	10. Leather Engineering

## WAR WOUNDS MOULAGE SET

### LEGEND

NUMBER	DESCRIPTION
1.	LACERATION OF THE SCALP
2.	FACE IN SHOCK
3.	SHRAPNEL WOUND, LOWER JAW
4.	ATOMIC BURN, FACE
5.	GUNSHOT WOUND, PALM
6.	FROSTBITE, FOOT
7.	TRENCH FOOT
8.	PHOSPHOROUS BURN, HAND
9.	COMPOUND FRACTURE, HUMEROUS
10.	SECOND AND THIRD DEGREE BURN, FOREARM
11.	COMPOUND FRACTURE, LOWER LEG
12.	AMPUTATION
13.	COMPOUND FRACTURE, FEMUR
14.	SHRAPNEL WOUND, ABDOMINAL, PROTRUDING INTESTINE
15.	ATOMIC BURN, BACK
16.	ATOMIC BURN, HAND

NUMBER

DESCRIPTION

17. SUCKING WOUND, CHEST
18. ATOMIC BURN, CHEST
19. HYPODERMIC NEEDLE INSERTION

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PART I  
EMERGENCY PERSONNEL CASUALTY PROBLEM CARDS

Problem cards are contained in envelope at back of guide.

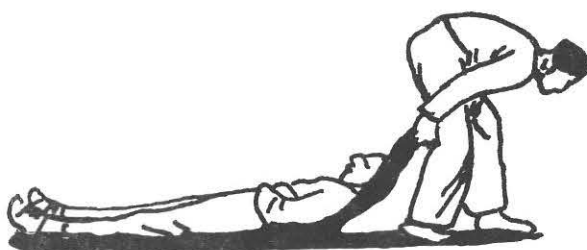
PART I  
FUNDAMENTAL PRINCIPLES OF THE THEORY OF PROBABILITY

1. The probability of an event occurring is a number between 0 and 1, inclusive.

# Naval Reserve Training in First Aid



**Team**



**Exercises**



PART II



NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 1

I TOPIC: Artificial respiration

II SCOPE:

Major Equipment Required
Blanket 4x4 gauze sponges Antiseptic solution

Personnel
Minimum 2 Maximum 3

III MATERIALS:

A. References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 3, pp 9-21
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 7-10
3. NAVPERS 10664 Series, Hospitalman, Chapter 8, pp 41-42
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter IV, pp 17-21
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 321-327

B. Equipment:

Blanket  
4x4 gauze sponges  
Antiseptic solution  
Adult Manikin  
Stretcher

IV SITUATION:

The ship is at General Quarters. Material condition Zebra has been set and normal battle dress including the OBA has been donned. OBA's are placed into standby.



As a result of an explosion felt \_\_\_\_\_ of  
(forward/aft)  
repair \_\_\_\_\_ main locker of unit locker \_\_\_\_\_,  
(number)  
the investigator reports that there is a class "C"  
fire burning out of control in compartment \_\_\_\_\_ on  
the \_\_\_\_\_ side of the compartment. Frames  
(port/stbd)  
\_\_\_\_\_ to \_\_\_\_\_.

The affected compartment is a \_\_\_\_\_  
(type of space)  
consisting of \_\_\_\_\_  
(type of materials)  
Access to the compartment is to be made through  
\_\_\_\_\_  
(type of fitting).

There is/is not (circle one) a source for the use of  
natural ventilation. Permission has/has not been  
granted to use the ship's installed ventilation system  
for desmoking. Tests of the compartment will indicate  
there are \_\_\_\_\_ explosive gases and that  
(plus or minus)  
oxygen content is \_\_\_\_\_ to sustain life.  
(sufficient/insufficient)

\_\_\_\_\_ man/men fighting the fire is/are overcome  
(number)  
by \_\_\_\_\_ and has/have stopped breathing.  
(fumes/smoke)

The compartment is/is not flooded. \_\_\_\_\_ man/  
(number)  
men is/are//is not/are not unconscious and is/are//  
is not/are not lying in the water.

Access fittings or ports (if any) which open directly  
to the outside of the ship for possible use of natural  
ventilation. (Fitting Numbers) \_\_\_\_\_.

V. NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to  
determine proper methods of artificial respiration.

- B. Ensure that the men involved are properly trained in methods of artificial respiration.
- C. See that the necessary equipment is made available and ready for use.
- D. Review the situation to determine the extent of injuries.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  - 1. Report type of personnel casualty, and person affected, to appropriate authority.
  - 2. Report emergency casualty treatment being taken, and victim's response to treatment.
  - 3. Continue reporting progress of emergency treatment.
  - 4. Report final on scene action.
  - 5. Remove victim from danger area, and begin artificial respiration within 4 minutes.
  - 6. Call for assistance.
  - 7. After victim begins breathing again, keep him at rest, and check for, and treat, other injuries.
  - 8. Transport the victim to sick bay, or to battle dressing station.
- G. Instructions for a basic exercise are as follows:
  - 1. Review the situation plan to determine:
    - a. location of exercise
    - b. types of reports required
    - c. type of action to be taken
  - 2. Develop a list of reports to be made, and action to be taken.
  - 3. Allow the unit to read the list of reports to be made, and action to be taken, and notify the team when to begin the exercise.
  - 4. Record the time when the team begins to obey the order to commence.

5. Record the stop time. (The stop time is when all responsible members of the team report "action completed" to the observer.)

VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Ensure that all members of the team are proficient in individual team responsibilities.
- C. Advanced preparation shall be accomplished by a review of the references, and a listing of those personnel involved in the exercise, and the parts each will play.

VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Artificial Respiration (Drowning/Smoke/Fumes)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. (Was)(Were) casualty(s) moved to safe location?	_____	_____	_____	_____
b. Did personnel begin artificial respiration within 4 minutes?	_____	_____	_____	_____
c. (Was)(Were) call(s) made for assistance?	_____	_____	_____	_____
d. (Was)(Were) casualty(s) kept at rest after respiration began?	_____	_____	_____	_____
e. (Was)(Were) casualty(s) checked/treated for other injuries?	_____	_____	_____	_____
f. Were actions taken to prevent other injuries?	_____	_____	_____	_____
g. (Was)(Were) casualty(s) transported to sick bay or battle dressing station?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) the type of personnel casualty (s) reported to D.C. Central?	_____	_____	_____	_____

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Artificial Respiration (Drowning/Smoke/Fumes)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
b. (Was)(Were) the name(s) of the person(s) affected reported to D.C. Central?	_____	_____	_____	_____
c. (Was)(Were) emergency casualty treatment(s) being administered and apparent response of casualty(s) reported to proper authority?	_____	_____	_____	_____
d. (Was)(Were) reports of treatment(s) made on a continuous basis?	_____	_____	_____	_____
e. Was a report of the final On - Scene action(s) made?	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_%

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 2

I TOPIC: Electrical shock and cardiac arrest

II SCOPE:

Major Equipment Required	Personnel
Blanket Gauze sponges Antiseptic solution	Minimum 2 Maximum 3

III MATERIALS:

A. References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 3, pp 9-21
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 7-12
3. NAVPERS 10664 Series, Hospitalman, Chapters 4 and 5, pp 20-30, Change 8, pp 40-46
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter IV, pp 17-21
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 321-327
6. "Cardiopulmonary Resuscitation, a Manual for Instructors" - American Heart Association (1967) (available from local chapter of the American Heart Association)
7. MN-8211A, "Vital Signs", Part 1, "Cardinal Symptoms"

B. Equipment:

Blanket  
Gauze sponges  
Antiseptic solution



Adult Manikin (CPR)  
Stretcher

IV SITUATION:

The ship is in Condition I, and Material Condition Zebra is set.

During an air attack the ship sustains several hits causing the loss of ship's service and emergency circuits.

As a result of the hits, all power is lost to \_\_\_\_\_.  
Riser terminal \_\_\_\_\_ is the source of power to \_\_\_\_\_.

\_\_\_\_\_ repair party technician(s) repairing an electrical (number) cable come in contact with a live wire. He/they receive(s) an electrical shock, and remain(s) in contact with the wire. The man/men stop(s) breathing, and his/their heart stops beating (there is no pulse).

V NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to determine proper methods of artificial respiration and cardiopulmonary resuscitation (CPR).
- B. Ensure that the men involved are properly trained in the methods of artificial respiration, and cardiopulmonary resuscitation.
- C. See that necessary equipment is made available, and ready for use.
- D. Review the situation to determine the extent of injuries received.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:

1. Report the type of personnel casualty, and person affected, to the appropriate authority.
2. Report emergency casualty treatment being taken, and victim's response to treatment.
3. Continue reporting progress of emergency treatment, and victim's response.
4. Report final on scene action.
5. Remove victim from danger area (remove man from wire or secure power).
6. Call for assistance.
7. Immediately begin cardiopulmonary resuscitation procedures (begin within 4 minutes). This situation requires artificial respiration, and external cardiac massage; both should continue until victim's breathing and heart action are restored, or until medical personnel arrive.
8. Keep patient at rest, and treat for pain, shock, and other possible injuries; and prevent further injuries.
9. Transport victim to sick bay, or battle dressing station.

G. Instructions for basic exercise are as follows:

1. Review the exercise plan to determine:
  - a. location of exercise
  - b. types of reports required
  - c. type of action to be taken
2. Provide the observer with a list of reports, and action to be taken.
3. Allow the observer to read the list of reports to be made, and action to be taken, and to order the team to begin the exercise when he is ready.
4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed" to the observer.)

VI NOTES TO THE UNIT:

- A. Read the notes to the observer.

- B. Advanced preparation shall be accomplished by a review of the references, and a listing of those personnel involved in the exercise, and the part each will play.

VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Electrical Shock and Cardiac Arrest

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. Was cause of casualty removed or (was)(were) casualty(s) removed from danger area?	_____	_____	_____	_____
b. Did personnel begin Cardiopulmonary resuscitation immediately? (within 4 minutes)	_____	_____	_____	_____
c. Was artificial respiration and external cardiac massage continued until breathing or heart action was restored or until medical personnel arrived?	_____	_____	_____	_____
d. (Was)(Were) casualty(s) kept at rest and treated for pain, shock and other possible injuries?	_____	_____	_____	_____
e. (Was)(Were) action(s) taken to prevent other injuries?	_____	_____	_____	_____
f. (Was)(Were) casualty(s) transported to sick bay or battle dressing station?	_____	_____	_____	_____

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Electrical Shock and Cardiac Arrest

	<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
3.	<u>On - Scene Reports</u>				
a.	(Was)(Were) the type of personnel casualty (s) reported to D.C. Central?	_____	_____	_____	_____
b.	(Was)(Were) the name(s) of the person(s) affected reported to D.C. Central?	_____	_____	_____	_____
c.	Emergency casualty treatment being taken and apparent response of casualty(s) report- ed to proper authority?	_____	_____	_____	_____
d.	Was progress of emergency treatment reported on a con- tinuous basis?	_____	_____	_____	_____
e.	Was a report of the final On - Scene action(s) made?	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_%

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 3

I TOPIC: Second degree burn

II SCOPE:

Major Equipment Required	Personnel
Moulage #10 Battle dressing Gauze bandages Sheet/towel Blanket Morphine syrette	Minimum 2 Maximum 3

III MATERIALS:

A. References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 8, pp 68-71
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 50-54
3. NAVPERS 10664 Series, Hospitalman, Chapters 8 and 9, pp 40-58
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter VI, pp 46-53
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 320-321

B. Equipment:

Moulage #10 (2nd degree forearm burn)  
Battle dressing  
Gauze bandages  
Sheet/towel  
Blanket  
Morphine Syrette

IV SITUATION:

The ship is at General Quarters. Material condition Zebra has been set and normal battle dress including the OBA has been donned. OBA's are placed into standby.

As a result of an explosion felt \_\_\_\_\_ of repair  
(forward/aft)  
\_\_\_\_\_ main locker of unit locker \_\_\_\_\_, the investi-  
(number)  
gator reports that there is a class "B" fire burning out  
of control in compartment \_\_\_\_\_ on the \_\_\_\_\_  
(port/stbd)  
side of the compartment. Frames \_\_\_\_\_ to \_\_\_\_\_.  
The affected compartment is a \_\_\_\_\_ consisting  
(type of space)  
of \_\_\_\_\_.  
(type of materials)

Access to the compartment is to be made through  
\_\_\_\_\_.  
(type of fitting)

There is/is not (circle one) a source for the use of  
natural ventilation. Permission has/has not been granted  
to use the ships installed ventilation system for desmok-  
ing. Tests of the compartment will indicate there are  
\_\_\_\_\_ explosive gases and that oxygen content  
(plus or minus)  
is \_\_\_\_\_ to sustain life.  
(sufficient/insufficient)

One man fighting the fire suffers a second degree burn  
on his left forearm.

Access fittings or ports (if any) which open directly to  
the outside of the ship for possible use of natural ven-  
tilation. (Fitting Numbers) \_\_\_\_\_.

V NOTES TO THE OBSERVER:

A. The above listed references should be reviewed to  
determine proper methods of burn treatment.

- B. Ensure that the men involved are properly trained in the methods of burn treatment.
- C. See that necessary equipment is available, and ready for use.
- D. Review the situation to determine the extent of the injury.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  - 1. Report the type of casualty, and the person affected, to proper authority.
  - 2. Report emergency treatment being given, and victim's response to treatment.
  - 3. Continue reporting progress of emergency treatment, and victim's response.
  - 4. Report final on scene action.
  - 5. Remove the victim from the danger area.
  - 6. Treat victim for pain and shock.
  - 7. Gently remove loose clothing and debris from burn area (DO NOT remove material sticking to burn).
  - 8. Cover the burn area with sterile dressing, bandage, or battle dressing. Cover tightly enough to prevent air from reaching burn area.
  - 9. Transport, or assist victim to sick bay, or battle dressing station.
- G. Instructions for basic exercise are as follows:
  - 1. Review the exercise plan to determine:
    - a. location of exercise
    - b. types of reports required
    - c. type of action to be taken
  - 2. Provide the observer with a list of reports, and action to be taken.
  - 3. Allow the observer to read the list of reports to be made, and action to be taken, and order the team to begin the exercise when he is ready.



4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed", to the observer.)

#### VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Accomplish advanced preparation by a review of the references, and a listing of those personnel involved in the exercise, and the part each will play.

#### VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Second Degree Burns

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. (Was)(Were) the casualty(s) removed from the fire area?	_____	_____	_____	_____
b. (Was)(Were) the casualty(s) treated for pain and shock?	_____	_____	_____	_____
c. (Was)(Were) the burned area(s) covered with sterile dressing, bandage or battle dressing?	_____	_____	_____	_____
d. (Was)(Were) the casualty(s) moved to sick bay or battle dressing station?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) the type of casualty(s) reported?	_____	_____	_____	_____
b. (Was)(Were) the name(s) of person(s) burned reported?	_____	_____	_____	_____
c. Was a report made on the type of emergency treatment administered?	_____	_____	_____	_____

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Second Degree Burns

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
d. Was a report made on the apparent response to the emergency treatment?	—	—	—	—
e. Were continuous reports made on the progress of emergency treatment?	—	—	—	—
f. Was a report made of the final On - Scene action?	—	—	—	—
TOTAL	—	—	—	—

4. Remarks

Grade      %

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 4

I TOPIC: Chemical burn (phosphorous)

II SCOPE:

Major Equipment Required
Water Sterile Bandage Moulage #8 (3rd degree hand phosphorous burn)

Personnel
Minimum 2 Maximum 3

III MATERIALS:

A. References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 8, pp 68-71
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 50-54
3. NAVPERS 10664 Series, Hospitalman, Chapters 8 and 9, pp 40-58
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter VI, pp 46-53
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 320-321

B. Equipment:

Cool water  
Sterile bandage  
Moulage #8 (3rd degree phosphorous hand burn)

IV SITUATION:

The ship is at General Quarters. Material condition Zebra has been set and normal battle dress including the OBA has been donned. OBA's are placed into standby.

As a result of an explosion felt \_\_\_\_\_ of repair  
(forward/aft)  
main locker of unit locker \_\_\_\_\_, the  
(number)  
investigator reports that there is a class "B" fire burn-  
ing out of control in compartment \_\_\_\_\_ on the  
side of the compartment. Frames \_\_\_\_\_  
(port/stbd)  
to \_\_\_\_\_.

The affected compartment is a \_\_\_\_\_ consisting  
(type of space)  
of \_\_\_\_\_  
(type of materials)

Access to the compartment is to be made through  
(type of fitting).

There is/is not (circle one) a source for the use of  
natural ventilation. Permission has/has not been granted  
to use the ships installed ventilation system for desmoking.  
Tests of the compartment will indicate there are  
explosive gases and that oxygen content  
(plus or minus)  
is \_\_\_\_\_ to sustain life.  
(sufficient/insufficient)

While fighting the fire, a nearby shell burst causes  
\_\_\_\_\_ man/men to suffer third degree hand burn from  
(number)  
particles of white phosphorous.

Access fittings for ports (if any) which open directly to  
the outside of the ship for possible use of natural venti-  
lation. (Fitting Number) \_\_\_\_\_.

V NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to  
determine proper methods of chemical burn  
treatment.

- B. Ensure that the men involved are properly trained in the methods of chemical burn treatment.
- C. See that necessary equipment is available and ready for use.
- D. Review the situation to determine the extent of the injury.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  - 1. Report the type of personnel casualty and the person affected to proper authority.
  - 2. Report the type of emergency treatment to be given, and the victim's response to such treatment.
  - 3. Continue reporting the progress of the emergency treatment, and the victim's response.
  - 4. Report final on scene action.
  - 5. Immediately pick off the particles of white phosphorous, and immerse the hand in cool water.
  - 6. Call for assistance.
  - 7. Tightly apply a sterile bandage to protect the wound, and keep out air.
  - 8. Treat for pain and shock. Check for, and treat other injuries; and prevent further injuries.
  - 9. Transport, or assist, the victim to sick bay, or battle dressing station.
- G. Instructions for basic exercise are as follows:
  - 1. Review the exercise plan to determine:
    - a. location of exercise
    - b. types of reports required
    - c. type of action to be taken
  - 2. Provide the observer with a list of reports, and action to be taken.
  - 3. Allow the observer to read the list of reports to be made, and action to be taken, and to

order the team to begin the exercise when he is ready.

4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed", to the observer.)

VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Advanced preparation shall be accomplished by a review of the references, and a listing of those personnel involved in the exercise, and the parts each will play.

VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Burns (Chemical (Phosphorous))

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. Were particles of white phosphorous picked off of burn area(s) immediately?	_____	_____	_____	_____
b. (Was)(Were) hand(s) immersed in water?	_____	_____	_____	_____
c. (Was)(Were) sterile bandage(s) applied tightly to wound(s) for protection and to keep out air?	_____	_____	_____	_____
d. Were checks made for other injury?	_____	_____	_____	_____
e. Was treatment administered for pain and shock?	_____	_____	_____	_____
f. (Was)(Were) casualty(s) transported or assisted to sick bay or battle dressing station?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) the type(s) of personnel casualty(s) reported? (chemical)	_____	_____	_____	_____
b. (Was)(Were) the name(s) of the person(s) burned reported to D.C. Central?	_____	_____	_____	_____



FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Burns (Chemical (Phosphorous))

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
c. (Was)(Were) report(s) made on the type(s) of emergency casu- alty treatment(s) being administered?	___	___	___	___
d. Was progress of emergency treat- ment for the burn reported on a continuous basis?	___	___	___	___
e. Was a report of the final On - Scene action(s) made?	___	___	___	___
TOTAL	___	___	___	___

4. Remarks

Grade \_\_\_%

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 5

I TOPIC: Atomic Burns

II SCOPE:

Major Equipment Required	Personnel
Sterile Dressing, or Clean Towel/Sheet Moulage # 4, 15, 16, 18	Minimum 4 Maximum 5

III MATERIALS:

A. References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 8, pp 68-71
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 50-54
3. NAVPERS 10664 Series, Hospitalman, Chapters 8 and 9, pp 40-58
4. NAVMED P-5056, Chapter 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter VI, pp 46-53
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 320-321

B. Equipment:

Sterile dressing, or clean towel/sheet  
Moulage #4 (Atomic facial burn)  
Moulage #15 (Atomic back burn)  
Moulage #16 (Atomic hand burn)  
Moulage #18 (Atomic chest burn)

IV SITUATION:

The ship is in Condition I, and material condition Zebra has been set. A shallow water nuclear detonation has occurred in close proximity to the ship. The ship will be engulfed in the base surge in one minute.

As a result of the nuclear detonation, the contaminated frames are located at frames \_\_\_\_\_ to \_\_\_\_\_ port \_\_\_\_\_ starboard \_\_\_\_\_ amidship \_\_\_\_\_ and at frames \_\_\_\_\_ to \_\_\_\_\_ port \_\_\_\_\_ starboard \_\_\_\_\_ amidship \_\_\_\_\_.

Investigations reveal three personnel casualties suffering first degree burns. One suffers a thermal burn to his chest, another on his hand, and the third on his face.

V NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to determine proper methods of atomic burn treatment.
- B. Ensure that the men involved are properly trained in the methods of emergency atomic burn treatment.
- C. See that the necessary equipment is available and ready for use.
- D. Review the situation, to determine the extent of injuries.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  1. Report the type of personnel casualty, and the person, or persons affected, to proper authority.
  2. Report the type emergency treatment being given, and the victim's response to treatment.
  3. Continue reporting the progress of the emergency treatment, and the victim's response to treatment.
  4. Report final on scene action.
  5. Treat the victim for pain. Gently remove, or loosen clothing.
  6. Cover burn area with a sterile dressing, or a clean towel or sheet, to keep out air and prevent infection.

7. Prevent, or treat for shock.
8. Transport or assist the victim to sick bay, or battle dressing station.

G. Instructions for basic exercise are as follows:

1. Review exercise plan to determine:
  - a. location of exercise
  - b. types of reports required
  - c. type of action to be taken
2. Provide the observer with a list of reports and action.
3. Allow the observer to read the list of reports to be made, and action to be taken, and to order the team to begin the exercise when he is ready.
4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed" to the observer.)

VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Advanced preparation shall be accomplished by a review of the references, and a listing of those personnel involved in the exercise, and the parts each will play.

VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.



FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Burns - Atomic (Face, Hand and Chest)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. (Was)(Were) casualty(s) treated for pain and shock?	_____	_____	_____	_____
b. Was clothing removed from burned area(s)?	_____	_____	_____	_____
c. (Was)(Were) burn(s) covered with sterile dressing or clean linen to keep air out?	_____	_____	_____	_____
d. (Was)(Were) action(s) taken to prevent infection?	_____	_____	_____	_____
e. (Was)(Were) casualty(s) transported to sick bay or battle dressing station?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) the type(s) of atomic burn(s) reported?	_____	_____	_____	_____
b. (Was)(Were) the name(s) of the person(s) that received the burn(s) reported to D.C. Central?	_____	_____	_____	_____

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Burns - Atomic (Face, Hand and Chest)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
c. (Was)(Were) the emergency casualty treatment(s) being taken and the apparent response reported?	_____	_____	_____	_____
d. Was progress of emergency treatment(s) reported on a continuous basis?	_____	_____	_____	_____
e. Was a report of the final On - Scene action(s) made?	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_ %

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 6

I TOPIC: Simple Fractures

II SCOPE:

Major Equipment Required
Regular and improvised splint
Blanket
Morphine syrette
Moulage #2
Padding or towels

Personnel
Minimum 5
Maximum 6

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 7, pp 55-66
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 69-93
3. NAVPERS 10664 Series, Hospitalman, Chapters 8 and 9, pp 40-59
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter VI, pp 62-68
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 311-312

B. Equipment:

Regular and improvised splints  
Blanket and stretcher  
Morphine syrette  
Moulage #2 (face in shock)  
Padding or towels



IV SITUATION:

The ship is at General Quarters. Material Condition Zebra has been set, and normal battle dress including the OBA has been donned. OBA's are placed into standby.

As a result of a heavy explosion felt in the vicinity of repair \_\_\_\_\_ unit \_\_\_\_\_ an investigator has reported  
(number) (number)  
that there is a fire main rupture in compartment \_\_\_\_\_  
at frame \_\_\_\_\_ on the \_\_\_\_\_ of the  
(port/stbd/centerline)  
compartment. By the time the fire main rupture was discovered, \_\_\_\_\_ feet/inches of water had accumulated on the compartment deck.

Three men in the repair party suffer injuries while repairing damage. One man slips on the wet deck, and strikes the back of his neck on a metal table, causing a fracture; he complains of severe pain. Another man strikes his head when he falls down the ladder; he suffers a fractured skull, is breathing, but unconscious. A third man, on the way to the damage scene, slips on the ladder, and falls to the deck, breaking his left leg.

V NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to determine proper methods of providing emergency treatment to victims of simple fractures.
- B. Ensure that the men involved are properly trained in methods of treating simple fractures.
- C. See that the necessary equipment is made available, and ready for use.
- D. Review the situation to determine the extent of injuries.
- E. Conduct the exercise in an area that simulates shipboard spaces.

- F. The following are suggested items to be included in the exercise, but are not all inclusive:
1. Report the type of casualty, and the person affected, to proper authority.
  2. Report emergency treatment being given, and the victim's response to treatment.
  3. Continue reporting progress of treatment, and victim's response.
  4. Report final on scene action.
  5. Keep the patient lying down.
  6. Call for assistance.
  7. Apply splint and/or padding
  8. Treat for pain and shock.
  9. Check for, and treat other injuries, and prevent further injuries.
  10. Transport the patient to sick bay, or battle dressing station.
- G. Instructions for a basic exercise are as follows:
1. Review the exercise plan to determine:
    - a. location of exercise
    - b. types of reports required
    - c. types of action to be taken
  2. Provide the observer with a list of reports to be made, and action to be taken.
  3. Allow the observer to read the list of reports to be made, and action to be taken, and to order the team to begin the exercise when he is ready.
  4. Record the time when the team begins to obey the order to commence.
  5. Record the stop time. (The stop time is when all responsible members of the team report "action completed", to the observer.)

## VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Advanced preparation shall be accomplished by a review of the references, and a listing of those personnel involved in the exercise, and the parts each will play.

## VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Simple Fracture (Neck, Skull and Leg)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. (Was)(Were) casualty(s) kept lying flat?	_____	_____	_____	_____
b. (Was)(Were) check(s) made for other injury(s)?	_____	_____	_____	_____
c. Was a call made for assistance?	_____	_____	_____	_____
d. (Was)(Were) splint(s) applied when applicable?	_____	_____	_____	_____
e. Was the neck immobilized before moving?	_____	_____	_____	_____
f. (Was)(Were) treatment(s) administered for pain and shock?	_____	_____	_____	_____
g. (Was)(Were) action(s) taken to prevent other injury(s)?	_____	_____	_____	_____
h. (Was)(Were) casualty(s) transported to sick bay or battle dressing station?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Simple Fracture (Neck, Skull and Leg)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
a. (Was)(Were) report(s) made on the type(s) of personnel casualty(s) ?	_____	_____	_____	_____
b. (Was)(Were) the name(s) of the casualty(s) reported?	_____	_____	_____	_____
c. (Was)(Were) emer- gency casualty treat- ment(s) administered reported?	_____	_____	_____	_____
d. (Was)(Were) report(s) made on the apparent response to emer- gency casualty treatment(s) ?	_____	_____	_____	_____
e. Was progress of emergency treat- ment(s) for the fractures reported on a continuous basis ?	_____	_____	_____	_____
f. (Was)(Were) report(s) of the final On - Scene action(s) made ?	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_ %

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 7

I TOPIC: Compound Fractures

II SCOPE:

Major Equipment Required
Battle dressing (large, medium, small)
Tourniquet
Regular and improvised splints
Blankets
4x4 gauze
Roll bandage, triangular bandage
Morphine syrette
Moulage #9
Moulage #11
Moulage #13

Personnel
Minimum 5
Maximum 6

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 7, pp 55-66
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 69-93
3. NAVPERS 10664 Series, Hospitalman, Chapters 8 and 9, pp 40-59
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter VI, pp 62-68
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 311-312

- B. Equipment:  
Battle dressings (large, medium, small)  
Tourniquet  
Stretcher  
Regular and improvised splints  
Blankets  
4x4 gauze  
Roll bandage, triangular bandage  
Morphine syrette  
Moulage #9 (Compound fracture-humerus)  
Moulage #11 (Compound fracture-lower leg)  
Moulage #13 (Compound fracture-femur)

IV SITUATION:

The ship is at General Quarters. Material Condition Zebra has been set and normal battle dress including the OBA has been donned. OBA's are placed into standby.

As a result of an explosion felt \_\_\_\_\_ of repair  
(forward/aft)  
\_\_\_\_\_ main locker of unit locker \_\_\_\_\_, the  
(number)  
investigator reports that there is a class "C" fire burning out of control in compartment \_\_\_\_\_ on the  
\_\_\_\_\_ side of the compartment. Frames \_\_\_\_\_  
(port/stbd)  
to \_\_\_\_\_.

The affected compartment is a \_\_\_\_\_ consisting  
(type of space)  
of \_\_\_\_\_.  
(type of materials)

Access to the compartment is to be made through  
\_\_\_\_\_.  
(type of fitting)

There is/is not (circle one) a source for the use of natural ventilation. Permission has/has not been granted to use the ship's installed ventilation system for desmoking. Tests of the compartment will indicate there are

explosive gases and that oxygen content  
(plus or minus)  
is \_\_\_\_\_ to sustain life.  
(sufficient/insufficient)

The explosion is responsible for three personnel casualties. A large flying fragment causes one man to suffer a compound fracture of the thigh. A second man was hit on the lower leg, by a falling hatch cover, causing him to suffer a compound fracture. A third man, leaving the compartment at the time of the explosion, suffered a compound fracture, when a watertight door slammed on his upper arm.

Access fittings or ports (if any) which open directly to the outside of the ship for possible use of natural ventilation. (Fitting Numbers) \_\_\_\_\_.

V NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to determine proper methods of providing emergency treatment to compound fracture victims.
- B. Ensure that the men involved are properly trained in the methods of giving emergency treatment for compound fractures.
- C. See that the necessary equipment is made available, and ready for use.
- D. Review the situation to determine nature of injuries.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  - 1. Report the types of casualty, and the person affected, to proper authority.
  - 2. Report emergency treatment being given, and the victim's response to treatment.



3. Continue reporting progress of treatment, and victim's response.
4. Report final on scene action.
5. Immediately control bleeding, apply sterile dressing and call for assistance.
6. Treat victim for shock and pain.
7. Immobilize the victim before lifting or moving him.
8. Check for and treat other injuries.
9. Prevent further injury.
10. Transport or assist the victim to sick bay, or battle dressing station.

G. Instructions for a basic exercise are as follows:

1. Review the exercise plan to determine the following:
  - a. location of exercise
  - b. types of reports required
  - c. type of action to be taken
2. Provide the observer with a list of reports to be made, and action to be taken.
3. Allow the observer to read the list of reports to be made, and action to be taken, and to order the team to begin the exercise when he is ready.
4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed", to the observer.)

VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Advanced preparation shall be accomplished by a review of the references, and a list of those personnel involved in the exercise, and the parts each will play.

VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.

- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

5. Dichtung Kinneloh.
6. Dichtung Kinneloh. Dichtung Kinneloh. Dichtung Kinneloh.
7. Dichtung Kinneloh. Dichtung Kinneloh. Dichtung Kinneloh.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Compound Fracture (Thigh, Lower Leg and Upper Arm)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. Was immediate control of hemorrhage effected?	_____	_____	_____	_____
b. (Was)(Were) sterile dressing(s) applied to wound(s)?	_____	_____	_____	_____
c. (Was)(Were) call(s) made requesting assistance?	_____	_____	_____	_____
d. (Was)(Were) treatment(s) administered for shock and pain?	_____	_____	_____	_____
e. (Was)(Were) check(s) made for other injury(s)?	_____	_____	_____	_____
f. (Was)(Were) safety precautions observed to prevent other injury(s)?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) the type(s) of fracture(s) reported to D.C. Central?	_____	_____	_____	_____
b. (Was)(Were) the name(s) of the person(s) affected reported?	_____	_____	_____	_____

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Compound Fracture (Thigh, Lower Leg and Upper Arm)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
c. (Was)(Were) the emergency casualty treatment(s) being administered and the apparent response reported?	_____	_____	_____	_____
d. Was progress of emergency treatment(s) reported on a continuous basis?	_____	_____	_____	_____
e. Was a report of the final On - Scene action(s) made?	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_%

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 8

I TOPIC: Heat Exhaustion - Heat Stroke

II SCOPE:

Major Equipment Required	Personnel
Blanket Gauze sponges Towel/cloth Salt and drinking water Bucket of water	Minimum 2 Maximum 3

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 8, pp 72-73
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 54-55
3. NAVPERS 10664 Series, Hospitalman, Chapters 4 and 5, pp 20-30
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter IV, pp 57-59
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 320

B. Equipment:

Blanket and stretcher  
Gauze sponges  
Towel/cloth  
Salt and drinking water  
Bucket of water

IV SITUATION:

Two men working in ship's Fire Room suffer effects of the high temperature.

One man suffers from heat exhaustion. He becomes dizzy, weak, and faint, with accompanying nausea.

The second man's skin becomes hot and flushed, along with feeling weak and dizzy, he has a headache, and a feeling of nausea. He is suffering from heat stroke.

V NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to determine proper methods of providing emergency treatment to heat stroke and heat exhaustion victims.
- B. Ensure that the men involved are properly trained in the methods of giving emergency treatment for heat stroke and heat exhaustion.
- C. See that the necessary equipment is made available, and ready for use.
- D. Review the situation to determine the extent of injury.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  1. Report the type of casualty, and the person affected, to proper authority.
  2. Report emergency treatment being given, and the victim's response to treatment.
  3. Continue reporting progress of treatment, and victim's response.
  4. Report final on scene action.
  5. Move man to a shaded area, and call for assistance.
  6. Lie patient down on his back.
    - a. Heat Stroke - keep head and shoulders slightly elevated.
    - b. Heat Exhaustion - keep feet and legs slightly elevated.

7. Treatment:
  - a. Heat Stroke - loosen or remove clothing, and sponge the man with cool or cold water.
  - b. Heat Exhaustion - Loosen clothing; keep the patient warm with blanket or other covering. If the victim is conscious give him 1/2 teaspoon of salt (or 2 salt tablets) dissolved in a glass of warm water.
8. Prevent other injury.
9. Transport the victim to sick bay or battle dressing station.

G. Instructions for a basic exercise are as follows:

1. Review the exercise plan to determine the following:
  - a. location of exercise
  - b. types of reports required
  - c. types of action to be taken
2. Provide the observer with a list of reports to be made, and action to be taken.
3. Allow the observer to read the list of reports to be made and action to be taken, and to order the team to begin the exercise when he is ready.
4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed", to the observer.)

VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Advanced preparation shall be accomplished by a review of the references, and a list of those personnel involved in the exercise and the parts each will play.

VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.



- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Heat Exhaustion

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. (Was)(Were) casualty(s) removed to cooler area(s)?	_____	_____	_____	_____
b. (Was)(Were) call(s) made for assistance?	_____	_____	_____	_____
c. Were feet and legs slightly elevated?	_____	_____	_____	_____
d. Was clothing loosened?	_____	_____	_____	_____
e. (Was)(Were) casualty(s) kept warm with blankets or other covering?	_____	_____	_____	_____
f. (Was)(Were) casualty(s) given salt or salt tablets?	_____	_____	_____	_____
g. (Was)(Were) casualty(s) transported to sick bay or battle dressing station?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) the type(s) of heat exhaustion reported to D.C. Central?	_____	_____	_____	_____

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Heat Exhaustion

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
b. (Was)(Were) the name(s) of the casualty(s) that (was)(were) effected by heat exhaustion reported?	_____	_____	_____	_____
c. (Was)(Were) the emergency casualty treatment(s) being taken and the apparent response reported?	_____	_____	_____	_____
d. Was progress of emergency treatment(s) reported on a continuous basis?	_____	_____	_____	_____
e. Was a report of the final On - Scene action(s) made?	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_%

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 9

I TOPIC: Wounds

II SCOPE:

Major Equipment Required	Personnel
Battle dressing (large medium, small) Bandage, rubber, triangular 4x4 gauze Tourniquet Syrettes Blankets War wound moulages #1, 2, 3, 5, 12, 14, 17	Minimum 8 Maximum 10

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 6, pp 42-54
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 20-50
3. NAVPERS 10664 Series, Hospitalman, Chapter 8, pp 44-46
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapters 3, 4, 5 and 6, pp 13-46
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 307-312

B. Equipment:

Battle dressing (large, medium, small)  
Bandage, rubber, triangular  
4x4 gauze

Tourniquet

Syrettes

Blankets

Stretcher

War wound moulages:

- #1 (Laceration of the scalp)
- #2 (Face in shock)
- #3 (Shrapnel wound-lower jaw)
- #5 (Gunshot wound-palm)
- #12 (Amputation)
- #14 (Shrapnel wound-abdominal, protruding  
intestines)
- #17 (Sucking wound-chest)

#### IV SITUATION:

During an exchange of fire with an enemy ship, your ship has received several direct hits which result in some severe personnel casualties. Four men are severely hurt as a result. One man, struck in the abdomen by flying metal, has his intestines exposed. Another has suffered a shrapnel wound at the right side of his lower jaw; the bone is shattered, it is an open wound with profuse bleeding, and the man is experiencing asphyxia. A third man is struck in the chest by a piece of flying metal; he suffers a sucking wound with heavy bleeding. A fourth man, thrown by a shell explosion, strikes his head on a sharp metal object which tears a large wound in his scalp; the man is conscious, but bleeding profusely. The fifth man, who was in a boarding party, returns to the ship with a small arms gunshot wound in the palm of his hand.

#### V NOTES TO THE OBSERVER:

- A. The above listed references should be reviewed to determine proper methods of treating various wounds.
- B. Ensure that the men involved are properly trained in the methods of giving emergency treatment for various wounds.
- C. See that the necessary equipment is made available, and ready for use.

- D. Review the situation to determine the extent of injuries.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  - 1. Report type of personnel casualty, and the person affected, to proper authority.
  - 2. Report the type of emergency treatment being given, and the victim's response to the treatment.
  - 3. Continue reporting progress of emergency treatment, and victim's response.
  - 4. Report final on scene action.
  - 5. Keep victim quietly lying down, control bleeding by applying dressing with pressure directly on wound, and tape or tie securely. (In the case of shattered lower jaw, clear the victim's airway of debris; bone fragments, teeth and blood. Place the victim face down to allow drainage, and begin artificial respiration; back pressure method.)
  - 6. Call for assistance.
  - 7. Treat the victim for pain and shock.
  - 8. Check for and treat other injuries, and prevent further injury.
  - 9. Transport the victim to sick bay, or battle dressing station.
- G. Instructions for a basic exercise are as follows:
  - 1. Review the exercise plan to determine the following:
    - a. location of exercise
    - b. types of reports required
    - c. type of action to be taken
  - 2. Provide the observer with a list of reports to be made, and action to be taken.
  - 3. Allow the observer to read the list of reports to be made, and action to be taken, and to order the team to begin the exercise when he is ready.

4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed", to the observer.)

#### VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Advanced preparation shall be accomplished by a review of the references, and a listing of those personnel involved and the parts each will play.

#### VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Wounds (Abdomen, Lower Jaw, Chest and Scalp)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. (Was)(Were) casualty(s) laid flat and attempt made to keep quiet?	_____	_____	_____	_____
b. Was direct pressure applied to the wound(s) to stop bleeding?	_____	_____	_____	_____
c. (Was)(Were) call(s) made for assistance?	_____	_____	_____	_____
d. (Was)(Were) battle dressing(s) applied correctly?	_____	_____	_____	_____
e. (Was)(Were) check(s) made for other injury(s)?	_____	_____	_____	_____
f. (Was)(Were) attempt(s) made to prevent other injury(s)?	_____	_____	_____	_____
g. (Was)(Were) casualty(s) transported to sick bay or battle dressing station?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) the type(s) of wound(s) reported to D.C. Central?	_____	_____	_____	_____



FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Wounds (Abdomen, Lower Jaw, Chest and Scalp)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
b. (Was)(Were) the name(s) of the person(s) that received the wound(s) reported?	_____	_____	_____	_____
c. (Was)(Were) the emergency casualty treatment(s) being taken for the wound(s) and the apparent response reported?	_____	_____	_____	_____
d. Was progress of emergency treatment(s) reported on a continuous basis?	_____	_____	_____	_____
e. Was a report of the final On - Scene action(s) made?	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_%

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
EXERCISE FA - 10

I TOPIC: Mass Casualties

II SCOPE:

Major Equipment Required	Personnel
Battle dressing (large, medium, small) Tourniquet Bandage, rubber, triangular Splint Blanket Morphine syrette 4x4 gauze Moulages #1, 3, 9, 17	Minimum 10 Maximum 12

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3
3. NAVPERS 10664 Series, Hospitalman,
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors
5. OPNAV P 34-03 (1960), Landing Party Manual, Chapter 7, Section IV, pp 307-327

B. Equipment:

Battle dressing (large, medium, small)  
Tourniquet  
Bandage, rubber, triangular  
Splint  
Blanket and stretcher

Morphine Syrette  
4x4 gauze  
Adult Manikin  
Moulage #1 (Laceration of the scalp)  
Moulage #3 (Shrapnel wound-lower jaw)  
Moulage #9 (Compound fracture-humerus)  
Moulage #17 (Sucking wound-chest)

IV SITUATION:

The ship is at General Quarters. Material condition Zebra has been set and normal battle dress including the OBA has been donned. OBA's are placed into standby.

As a result of an explosion felt \_\_\_\_\_ of repair  
(forward/aft)  
main locker of unit locker \_\_\_\_\_, the  
(number)  
investigator reports that there is a class "C" fire burning out of control in compartment \_\_\_\_\_ on the  
side of the compartment. Frames \_\_\_\_\_  
(port/stbd)  
to \_\_\_\_\_.

The affected compartment is a \_\_\_\_\_ consisting  
(type of space)  
of \_\_\_\_\_.  
(type of materials)

Access to the compartment is to be made through  
\_\_\_\_\_.  
(type of fitting)

There is/is not (circle one) a source for the use of natural ventilation. Permission has/has not been granted to use the ship's installed ventilation system for desmoking. Tests of the compartment will indicate there are \_\_\_\_\_ explosive gases and that oxygen content  
(plus or minus)  
is \_\_\_\_\_ to sustain life.  
(sufficient/insufficient)

Ten men in the compartment are hit as a result of the explosion. Two men are still able to man phones. Three men are dead; one man suffers amputation (lower extremity); another man has a sucking chest wound; another has a compound fracture of the upper arm; one with a scalp laceration; and one with a shrapnel wound in the lower jaw.

Access fittings or ports (if any) which open directly to the outside of the ship for possible use of natural ventilation. (Fitting Numbers) \_\_\_\_\_.

V NOTES TO THE OBSERVER:

- A. The applicable portions of the above listed references should be reviewed to determine the proper methods of treating various wounds.
- B. Ensure that the men involved are properly trained in the methods of giving emergency first aid for various wounds.
- C. See that the necessary equipment is made available, and ready for use.
- D. Review the situation to determine the extent of injuries.
- E. Conduct the exercise in an area that simulates shipboard spaces.
- F. The following are suggested items to be included in the exercise, but are not all inclusive:
  - 1. Report the types of casualties, and the person affected, to appropriate authority.
  - 2. Report the emergency treatment being given and the victim's response to treatment.
  - 3. Continue reporting the progress of emergency treatment, and the victim's response.
  - 4. Report the final on scene action.
  - 5. Call for assistance.
  - 6. Apply first aid in proper priorities.

7. Apply direct pressure battle dressings to control bleeding.
8. Give artificial respiration where needed.
9. Treat for pain and shock, and prevent further injuries.
10. Splint both fractures, and suspected fractures.
11. Transport the casualties to sick bay, or battle dressing station.

G. Instructions for a basic exercise are as follows:

1. Review the exercise plan to determine the following:
  - a. location of exercise
  - b. types of reports required
  - c. types of action to be taken
2. Provide the observer with a list of reports to be made, and action to be taken.
3. Allow the observer to read the list of reports to be made, and action to be taken, and to order the team to begin the exercise when he is ready.
4. Record the time when the team begins to obey the order to commence.
5. Record the stop time. (The stop time is when all responsible members of the team report "action completed", to the observer.)

VI NOTES TO THE UNIT:

- A. Read the notes to the observer.
- B. Advanced preparation shall be accomplished by a review of the references, and a listing of those personnel involved and the parts each will play.

VII RECOMMENDED CRITIQUE:

- A. Collate exercise evaluation results.
- B. Declare winner(s).
- C. Present analysis of exercise strengths and weaknesses.
- D. Recommend corrective training requirements.

FIRST AID  
PERSONNEL CASUALTY OBSERVER

EVALUATION OF TRAINING GAME FOR \_\_\_\_\_  
DATE \_\_\_\_\_

TYPE: Mass Casualties (Amputation, Death, Sucking Chest Wound,  
Compound Fracture, Scalp Laceration and Jaw Wound)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
1. Preparation for the training game(s) complete.	_____	_____	_____	_____
2. <u>On - Scene Action</u>				
a. (Was)(Were) call(s) made for assistance?	_____	_____	_____	_____
b. (Was)(Were) emergency treatment(s) applied in proper priorities?	_____	_____	_____	_____
c. (Was)(Were) pressure battle dressing(s) applied to control bleeding?	_____	_____	_____	_____
d. Was artificial respiration applied where needed?	_____	_____	_____	_____
e. (Was)(Were) treatment(s) administered for shock?	_____	_____	_____	_____
f. (Was)(Were) splint(s) applied to fractures or suspected fractures?	_____	_____	_____	_____
g. (Was)(Were) casualty(s) transported to sick bay or battle dressing stations?	_____	_____	_____	_____
3. <u>On - Scene Reports</u>				
a. (Was)(Were) all types of personnel casualties reported to D.C. Central?	_____	_____	_____	_____

FIRST AID  
PERSONNEL CASUALTY OBSERVER

TYPE: Mass Casualties (Amputation, Death, Sucking Chest Wound, Compound Fracture, Scalp Laceration and Jaw Wound)

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Maximum Points</u>	<u>Points Awarded</u>
b. Was an attempt made to report the names of all casualties to D.C. Central?	_____	_____	_____	_____
c. (Was)(Were) report(s) made on the type(s) of emergency casualty treatment(s) being administered?	_____	_____	_____	_____
d. Was a report of the final On - Scene action(s) made?	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

4. Remarks

Grade \_\_\_\_\_%

# Naval Reserve Training in First Aid





# Naval Reserve Training in First Aid



PRACTICAL  
TRAINING

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
SEGMENT 1

I TOPIC: Artificial Respiration

II OBJECTIVES:

- A. When the trainee completes this segment, he will be able to:
1. Perform artificial respiration by two approved methods:
    - a. mouth to mouth
    - b. back pressure arm lift
  2. Apply artificial respiration to the following situations:
    - a. drowning
    - b. fume and smoke inhalation
    - c. electrical shock
    - d. cardiac arrest

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 3, pp 9-21
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 7-10
3. NAVPERS 10664 Series, Hospitalman, Chapter 8, pp 41-42
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter IV, pp 17-21
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 321-327
6. Manual for Operation of Manikin for Training in Cardiopulmonary Resuscitation (CPR), pp 1-11, 16-20

B. Training Aids:

1. Film MA 9559 (1960), First Aid-Part 4 Resuscitation, Mouth-to-Mouth, Mouth-to-Nose
2. Film MN 8188-B (1958), First Aid for All Hands-Asphyxia, 14 min/color/sound/XX

3. Manual for Operation and Maintenance of Manikin, Adult, Male, for Training in Cardiopulmonary Resuscitation Procedures Federal Stock #6910-782-5578
4. Adult Manikin and Accessory Kit

C. Training Equipment

1. Blanket
2. 4x4 gauze sponges, and antiseptic solution
3. Moulage #2 (face in shock)

IV INTRODUCTION:

- A. Explain that a person who has stopped breathing is not necessarily dead, but is in immediate danger.
- B. Emphasize that speed in beginning artificial respiration is the most important factor in treating asphyxia, and that it must begin immediately (within 4 minutes), and performed properly.

V PRESENTATION:

A. Mouth to mouth resuscitation:

1. Pass out the individual emergency aid cards.
2. Show the trainees the CPR manikin, and demonstrate its use in mouth to mouth resuscitation.
3. Using manikin, demonstrate the required tilt of head and neck necessary to open air passage way. (The manikin is designed not to operate if the head is not correctly tilted.)
4. Demonstrate on manikin the steps in performing mouth to mouth resuscitation: (ref card).
  - a. Check and clear mouth and throat for obstructions.
  - b. Clear the throat airway by tilting head. (Oftentimes this allows breathing to start)
  - c. While properly tilting head and neck, take a deep breath; seal your mouth over victim's mouth; close nose by pinching nostrils; and blow until you see victim's chest rise.

Manual for  
Operation of  
Manikin  
pp 1-11, 16-20

- d. When it rises, stop blowing, raise your mouth from victim, and turn your face aside to permit victim to exhale. (Hold head in proper tilt all this time.)
  - e. Repeat cycle (the first 3-5 breaths should be given as quickly and deeply as possible), then regular rhythm 12-15 times per minute.
  - f. When victim resumes breathing - keep lying down, warm, and treat for shock/prevent shock.
- Review film  
MA 9559
- 5. Have trainees perform mouth to mouth resuscitation on manikin.

- B. Back Pressure Arm-lift method of artificial respiration:
- Review  
NAVPERS  
10081 Series  
Chapter 3
- 1. Using a trainee as victim demonstrate the method of back pressure arm-lift:
    - a. Check and clear mouth and throat for obstructions.
    - b. Place victim on his stomach
      - (1) Bend his elbows and place his hands one upon the other.
      - (2) Turn head to one side, placing cheek on his hands.
    - c. Position of the operator
      - (1) Kneel on one knee, at the victim's head, facing him.
      - (2) Place knee at the side of the victim's head close to the forearm.
      - (3) Place hands on the flat of the victim's back.
        - (a) Hands just below a line running between arm pits.
        - (b) The tips of thumbs should touch; spread the fingers downward and outward.
    - d. Compression Phase
      - (1) Rock forward until the arms are approximately vertical with elbows.
        - (a) Exert slow, steady pressure downward on the hands.
        - (b) This forces air out of lungs.

- (c) DO NOT rock forward of the vertical line, the pressure must be directly downward on the back.
  - e. Expansion Phase
    - (1) Release the pressure avoiding a final thrust.
      - (a) Rock slowly backward placing your hands on the victim's elbows.
      - (b) Draw his arms upward and toward you.
      - (c) Apply just enough lift to feel resistance and tension at the victim's shoulders.
      - (d) DO NOT bend your elbows. As you rock backwards, the victim's arms will be drawn towards you.
    - (2) Lower victim's arms gently.
    - (3) The arm-lift expands the chest.
    - (4) The pressure on the back pushes out the air.
  - f. Repeat cycle with regular rhythm of 12-15 times per minute.
  - g. When victim resumes breathing, keep him lying down, warm, and treat for shock/prevent shock.
2. Have trainees perform back pressure arm-lift artificial respiration on each other.

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
SEGMENT 2

I TOPIC: Burns, Emergency Procedure

II OBJECTIVES:

When the trainee completes this segment, he will be able to give first aid treatment and general management to burn casualties suffering three degrees of burns.

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 8, pp 68-71
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 50-54
3. NAVPERS 10664 Series, Hospitalman, Chapters 8 and 9, pp 40-58
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter VI pp 46-53
5. OPNAV P-34-03 (1960), Landing Party Manual, Section IV, pp 320-321

B. Training Aids:

1. Film MN 8188-E (1958) First Aid for All Hands-Burns 11 min/B&W/sound/D6
2. Film MA 7405, (1950) Medical Aspects of Nuclear Radiation 17 min/color/sound/XX
3. War Wound Moulages:
  - a. #2 Face in shock
  - b. #4 Atomic burn, face (1st-2nd degree)
  - c. #8 Phosphorous burn, hand (3rd degree)
  - d. #10 Burn, forearm (2nd degree)
  - e. #15 Atomic burn, back (1st-2nd degree)
  - f. #16 Atomic burn, hand (1st-2nd degree)
  - g. #18 Atomic burn, chest (1st-2nd degree)

C. Training Equipment:

1. Battle dressing
2. Gauze bandages
3. Sheet/towel
4. Blanket
5. Morphine syrette/first aid locker

#### IV INTRODUCTION:

- A. Explain that burns may be caused by heat (such as flame), hot metal, or electric current. Burns may also be caused by chemicals and nuclear radiation. Scalds are burns caused by moist heat such as liquids, water, oil, steam.
- B. Regardless of their cause, burns may be classified by degrees, 1st, 2nd, and 3rd degree. Emergency treatment is determined more by the degree than the cause.
- C. Shock is usually a result of severe burns and must be treated immediately.
- D. A victim burned by electric current may also require Cardiopulmonary Resuscitation (CPR).
- E. Emphasize the importance of all non-medical personnel knowing all other emergency techniques needed to treat burn casualties.

#### V PRESENTATION:

Review  
film  
MN 8188-E

- A. Have trainees put on all burn moulages. Put moulage #2 (face in shock) on the same trainee wearing moulage #10 (2nd degree forearm burn).

Rule of  
nines

- B. Have the trainees examine the moulages and identify the degree of burns.

NAVPERS  
10664 Series,  
Chapters 8 & 9

- C. Using trainee with both burn and shock moulages, demonstrate treatment.
  1. Treat for shock
  2. Treat for pain



- a. aspirin
  - b. morphine syrette
  - c. medication which would be useful on external burns
- 3. Treat the burn
  - a. Gently remove loose clothing and debris from burn area. DO NOT remove material sticking to burn.
  - b. If practical, immerse burn in cool water. Profuse washing may be required in chemical burns.
  - c. Cover the burn with a sterile dry dressing, if available, or a clean dry cloth (e.g. sheet or towel). Cover tightly enough to prevent air from reaching the burn area.
- D. Using trainee wearing moulage #8 (3rd degree hand phosphorous burn), demonstrate treatment. (This would be a 3rd degree chemical burn.) Take trainee with phosphorous burn moulage and demonstrate treatment.
  - 1. Treat for shock
  - 2. Remove phosphorous particles, or smother with special burn pad from first aid box.
  - 3. Immerse burn in cool water, if practical.
  - 4. Treat for pain
    - a. morphine syrette
    - b. any other required medication
  - 5. Cover burn with battle dressing, or sterile dry dressing, if available, or clean dry cloth (e.g. sheet or towel). Cover tight enough to prevent air from reaching the burn area.
  - 6. This treatment is similar for other chemical burns.
- E. Using individual trainees wearing moulages #4 (atomic face burn), #16 (atomic hand burn), #15 (atomic back burn), and #18 (atomic chest burn), demonstrate required treatment for each individual burn.
  - 1. In all cases, treat the victim for pain. Where required, such as chest and back burns, loosen or remove clothing.



2. Cover area with sterile dressing, or clean towel, to keep out air, and prevent infection.
3. Prevent or treat the victim for shock.
4. Transport, or assist man to sick bay or battle dressing station.

Use  
mouflage

- F. Have trainees practice treatment of burns on each other.

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
SEGMENT 3

I TOPIC: Wounds

II OBJECTIVES:

- A. When the trainee completes this segment he will be able to:
1. Give emergency first aid to wounds of the abdomen, chest, jaw, palm, scalp, and preliminary aid to amputation victims.
  2. Control hemorrhage.
  3. Treat for shock.

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 6, pp 42-54
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 20-50
3. NAVPERS 10664 Series, Hospitalman, Chapter 8, pp 44-46
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapters 3, 4, 5 and 6, pp 13-46
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 307-327
6. Manual for Operation of Manikin for Training in Cardiopulmonary Resuscitation (CPR), pp

B. Training Aids:

1. Film MN-7470 (1953) Penetrating Wounds of the Abdomen
2. Film MN 8182 (1957) First Aid for Bleeding 22 min/color/sound/08
3. Film MN-8188C (1958) First Aid for Bleeding 14 min/B&W/sound/06
4. Film MN-8183 First Aid for Shock

5. Film MN-8188A First Aid for All Hands  
Introduction 12 min/B&W/sound/06  
Examination and Treatment
6. War Wound Moulages (use simulated blood):
  - a. #1 Laceration of the scalp
  - b. #2 Face in shock
  - c. #3 Shrapnel wound - lower jaw
  - d. #5 Gunshot wound - palm
  - e. #12 Amputation (use on forearm for convenience)
  - f. #14 Shrapnel wound - abdominal protruding intestines
  - g. #17 Sucking wound - chest
7. Adult manikin and accessory kit for CPR training

C. Training Equipment:

1. Battle dressing (large, medium, small)
2. Bandage, rubber, triangular
3. 4x4 gauze
4. Tourniquet
5. Syrettes
6. Blanket

IV INTRODUCTION:

- A. Explain that wounds vary from a simple cut on the finger to serious, complex, injuries involving severe bleeding and damage to internal organs, and tissue, often resulting in shock.
- B. The importance of knowledge required of all hands in the fundamental techniques of wound treatment should be emphasized.
- C. The basic lifesaving steps of wound treatment are:
  1. Control bleeding
  2. Prevent or treat shock
  3. Treat and protect wound

V PRESENTATION:

Manual  
for  
Operation  
of Manikin

- A. Have trainees put on all wound moulages. Put moulage #2 (face in shock) on the same trainee wearing moulage #14 (abdominal shrapnel wound).
- B. Have trainees examine moulages and identify types of wounds.
- C. Use the trainee wearing moulage #14 (abdominal wound) and moulage #2 (face in shock), and demonstrate treatment. Emphasize that, in this type of wound, death could occur rapidly because of hemorrhage and shock.
  - 1. Control bleeding - immediate application of direct pressure dressing
  - 2. Treat for shock
  - 3. Treat for pain
  - 4. Apply dressing to wound
    - a. DO NOT attempt to replace protruding intestines.
    - b. Cover wound with large battle dressing or sterile cloth (moisten with sterile solution - saline, or water). If not available use clean water.
    - c. Bandage dressing firmly in place.
- D. Use trainee wearing the chest sucking wound moulage, and demonstrate treatment.
  - 1. DO NOT give victim anything by mouth
  - 2. Control bleeding (apply airtight pressure dressing)
  - 3. Treat for shock
  - 4. Treat for pain
    - a. medication, if required
  - 5. Apply dressing to wound
    - a. Cover with a dry sterile dressing and tape to make airtight (tape strips should overlap)
  - 6. To relieve pressure on uninjured lung, turn the victim on his injured side and continue treatment for shock.
- E. Using trainee wearing moulage #3(shrapnel wound - lower jaw), demonstrate treatment.

1. Apply dressing over open wound with sufficient pressure to control bleeding, and protect wound. Call for assistance.
  2. Clear the victim's airway of debris (bone fragments, teeth, and blood).
  3. Place victim in a prone position (chest down) to allow drainage, and begin artificial respiration (prone pressure, back pressure/arm lift).
  4. Treat for pain and shock, and prevent further injury.
  5. Transport the victim to sick bay, or battle dressing station.
- F. Using trainee wearing moulage #5 (gunshot wound - palm), demonstrate treatment.
1. Lie man down, and control bleeding. Firmly apply a sterile dressing, or battle dressing to the wound, and secure tightly by taping or tying.
  2. Treat the victim for pain and shock.
  3. Check for, and treat other injuries, and prevent further injury.
  4. Transport or assist the victim to sick bay, or battle dressing station.
- G. Using victim wearing moulage #1 (laceration of the scalp), demonstrate treatment.
1. Lie victim down. Apply direct pressure to stop bleeding. Call for assistance.
  2. Apply dressing (bandage, or battle dressing).
  3. Treat for pain and shock. Check for, and treat, other injuries, and prevent further injuries.
  4. Transport, or assist the victim to sick bay, or battle dressing station.
- H. Using trainee wearing moulage #12 (amputation), demonstrate treatment.
1. Immediately control the bleeding, and protect the wound (pressure points, and battle dressing - tourniquet may be needed). Call for assistance.

2. Treat for shock and pain.
  3. Check for, and treat other injuries, and prevent further injury.
  4. Transport the victim to sick bay, or battle dressing station.
- I. Using moulages, have trainees practice treatment of wounds on each other.



NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
SEGMENT 4

- I TOPIC: Fracture - Simple and Compound
- II OBJECTIVES:
  - A. When the trainee completes this section, he will be able to:
    - 1. Give emergency aid to simple fractures of the skull, the neck, the upper arm, and the leg; and emergency aid to compound fractures of the upper arm, thigh, and lower leg.
    - 2. Control hemorrhage.
    - 3. Treat shock.
- III MATERIALS:
  - A. Instructor References:
    - 1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 7, pp 55-66
    - 2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 69-93
    - 3. NAVPERS 10664 Series, Hospitalman, Chapters 8 and 9, pp 40-59
    - 4. BUMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter VI, pp 62-68
    - 5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 311-312
    - 6. Manual for Operation of Manikin for Training in Cardiopulmonary Resuscitation (CPR)
  - B. Training Aids:
    - 1. Film MN 8188D First Aid All Hands Fractures 24 min/B&W/sound/06
    - 2. Film MN 8184B First Aid for Fractures - Skull - Spine - Pelvis 12 min/color/sound
    - 3. Film MN-8183 First Aid for Shock
    - 4. Film MN-8182 (1957) First Aid for Bleeding 22 min/color/sound/08



5. Film MN-8188C (1958) First Aid for Bleeding 14 min/B&W/sound/06
6. Film MN-8188A First Aid for All Hands Introduction 12 min/B&W/sound/06
7. War Wound Moulage (use simulated blood)
  - a. #2 Face in shock
  - b. #9 Compound fracture of humerus
  - c. #11 Compound fracture of lower leg
  - d. #13 Compound fracture of femur
8. Adult Manikin and Accessory Kit (CPR)

C. Training Equipment:

1. Battle dressing - large, medium, small
2. Tourniquet
3. Regular and improvised splint
4. Blanket
5. 4x4 gauze (first aid box)
6. Roll bandage, triangular bandage
7. Morphine syrette

#### IV INTRODUCTION:

- A. Explain two types of fracture
  1. Simple fracture - broken bone, with no broken skin.
  2. Compound fracture - broken bone accompanied by broken skin (you are dealing with both a fracture and a wound; thus the term COMPOUND).
- B. Oftentimes a fracture causes complex injuries involving severe bleeding, and damage to internal organs and tissues, resulting in shock.
- C. The importance of all hands having fundamental knowledge of the skills needed, for the emergency treatment of fractures and resulting wounds, should be emphasized.
- D. The treatment of fractures may also involve the treatment of wounds, therefore the basic lifesaving steps are:
  1. Control bleeding
  2. Prevent and treat shock
  3. Treat and protect wound
  4. Treat fracture

V PRESENTATION:

Review  
Manual  
for  
Operation  
of Manikin

A. Have all trainees put on fracture moulages. Have separate trainees tagged "FRACTURED NECK", "SIMPLE FRACTURE-HUMERUS (upper arm)", "SIMPLE FRACTURE-LEFT LEG", and "FRACTURED SKULL". These are all simple fractures. Have trainee tagged "FRACTURED NECK" also wear moulage #2 (face in shock).

B. Have trainees examine moulages and identify type and location of fractures.

Review  
NAVPERS  
10081 Series  
Chapter 7  
Stress proper  
procedures

- C. Using trainee wearing moulage #13 (compound fracture of femur), demonstrate proper treatment.
1. DO NOT move the leg any more than necessary.
  2. Immediately control the bleeding by applying a direct pressure dressing, or by applying pressure to the proper pressure point.
  3. Treat for shock, pain, and possible hemorrhage.
  4. Apply dressing to wound (if pressure dressing had been used, go to step 5).
  5. Splint and treat fracture.
    - a. Carefully straighten leg (prevent further injury).
    - b. Apply two splints to either side of leg; one splint applied inside the leg and should reach from crotch to foot; one splint applied outside the leg and should reach from armpit to foot.
    - c. Fasten splints in five places; ankle, knee, below hip, around pelvis, and just below armpit.
    - d. Tie both legs together as firmly as possible (this assists in support of injured leg).
  6. Continue treatment for shock. Serious damage to blood vessels and nerves often result from this type of fracture. Shock is likely to be severe.
  7. Check and treat victim for other injuries, and prevent further injury.
  8. Transport to sick bay, or battle dressing station.

- D. Use trainee wearing moulage #9 (compound fracture of the humerus), and demonstrate treatment.
1. DO NOT move the arm any more than necessary, and keep patient lying down.
  2. Immediately control the bleeding by applying a direct pressure dressing, or by applying pressure to the proper pressure point.
  3. Treat the victim for shock and pain.
  4. Apply dressing to the wound (if pressure dressing had been used, go to step 5).
  5. Splint and treat fracture
    - a. Apply one well padded splint to outside of arm extending from shoulder to elbow.
    - b. Carefully flexing elbow, place arm across chest (hand slightly higher than elbow) and apply sling.
    - c. Secure arm firmly to body by ties around chest.
  6. Check for, and treat other injuries, and prevent further injury.
  7. Transport or assist the victim to sick bay, or battle dressing station.

Note is  
important

- E. Use trainee tagged "FRACTURED NECK", and wearing moulage #2, and demonstrate treatment.
- NOTE: When bones of neck or spine (vertebrae) are fractured at any point, the spinal cord may be crushed, cut, or otherwise damaged so severely that death or paralysis may result. Any twisting or bending of the neck or back, whether occurring from the original injury or from careless handling later, is likely to cause irreparable damage to the spinal cord. First aid treatment for all spinal fractures, whether to the neck or back, has two primary purposes: (1) to minimize shock, and (2) to prevent further injury to the spinal cord.
1. Keep the patient lying down. Do not allow movement of head.

2. Call immediately for assistance.
3. Treat for pain.
4. Immobilize, without flexing neck.
  - a. Place padding for support along each side of neck and head.
  - b. If available, slide plywood board (hard surface) under victim's head, neck, and shoulders
  - c. Place small padding or rolled towel under head for support.
  - d. Prevent flexion or movement of neck.
5. Transport the patient to sick bay, or battle dressing station.

F. Using victim wearing moulage #11 (COMPOUND FRACTURE OF LOWER LEG) demonstrate treatment.

1. Immediately control bleeding. Apply sterile dressing to wound. Call for assistance. Keep casualty lying down.
2. Treat for shock or pain.
3. Immobilize the patient before lifting or moving him.
4. Check for, and treat, other injuries, and prevent further injuries.
5. Transport and assist the victim to sick bay, or battle dressing station.

Stress  
the  
importance  
of speed

G. Using patient tagged "FRACTURED SKULL", demonstrate treatment.

1. Keep the patient lying flat, and call for assistance.
2. Treat the patient for shock.
3. Check for, and treat other injuries, and prevent further injury.
4. Transport the patient to sick bay or battle dressing station.

H. Using patient tagged "SIMPLE FRACTURE - LEFT LEG", and demonstrate treatment.

1. Keep patient lying down, and call for assistance.
2. Check for other injuries.

3. Apply splint.
  4. Treat for pain or shock, and prevent further injury.
  5. Transport the patient to sick bay, or battle dressing station.
- I. Using moulages, and tags, have trainees practice treatment on each other.

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
SEGMENT 5

I TOPIC: Handling and Transportation of Injured

II OBJECTIVES:

When this segment is completed, the trainee will be able to: transport casualties to sick bay, or battle dressing station, by the pick-up, stretcher, improvised stretcher, blanket drag, tiedhands crawl, and fire-man's carry methods.

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 10, pp 88-103
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 93-97
3. NAVPERS 10664 Series, Hospitalman, Chapter 9, pp 58-62
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter XV, pp 73-75
5. OPNAV P 34-03 (1960), Landing Party Manual, Section XIV, pp 312-313

B. Training Aids:

1. Film MN-8187A, First Aid - Handling and Transporting of Injured - Introduction
2. Film MN 8187B, First Aid - Handling and Transporting of Injured - Basic Techniques 26 min/B&W/sound/08
3. Film MN 8187C, First Aid - Handling and Transporting of Injured - Improvised Stretchers and Carriers 12 min/B&W/sound/08
4. Film MN 8188F, First Aid for All Hands - Transporting Injured
5. Adult Manikin (CPR)



- C. Training Equipment:
1. Army litter type stretcher
  2. Stokes stretcher
  3. Blanket
  4. Splints and padding for neck fracture
  5. Splints and bandaging for fracture of upper leg

IV INTRODUCTION:

- A. Explain that it is a basic principle of first aid that a person must be given essential treatment before he is moved. However, if the victim is in immediate danger of his life, such as in the presence of fire, steam, electricity or other hazards, he must be moved from the danger area as carefully as possible.
- B. After rescue, and after essential first aid treatment has been given, further transportation must be accomplished in a manner which will not aggravate his injuries.

V PRESENTATION:

Use  
Manikin

- A. Have adult manikin splinted for fractured neck and upper leg.
- B. Demonstrate picking up and transporting, assuming fractured leg only.
1. Place army litter on other side of victim. Three men line up on same side of victim.
  2. Kneel on the knee nearest to the victim's feet.
  3. Bearers position their hands and arms as follows:
    - a. Bearer nearest victim's head places one arm under the victim's head, neck, and shoulder, and the other under the upper part of his back.
    - b. The middle bearer puts one arm under the small of the back, and the other under the thighs.
    - c. Bearer nearest victim's feet puts one arm under the victim's knees, and the other under his ankles.

4. On signal the three bearers synchronize their movements to lift victim, so that his body is kept straight and firm, and is not allowed to bend, twist or sag.
5. A fourth man on the other side of army litter pushes litter under raised casualty.
6. Three bearers, in synchronization, lower victim to litter.
7. Bearers lift litter and carry the victim in a level position, walking out of step to avoid rocking the victim. Victim should be carried feet first so that the rear bearer may observe victim for breathing difficulty and hemorrhage (except for going up steep incline).

Important      C. Demonstrate picking up and transporting manikin as a casualty with a fractured neck.

NOTE: Follow steps 1 thru 7 above, with an additional man at the victim's head for support and care in handling. DO NOT allow head or neck movement.

1. Ideally, the safest method to move a person with a fractured neck, back, or pelvis is by the eight man carry.

D. Demonstrate picking up a trainee, using a blanket as an improvised stretcher.

1. Using procedures previously demonstrated, have three men pick up victim and place in middle of blanket on his back.
2. Two men kneel on each side of victim, roll edges of blanket toward victim, until the rolled edges are tight and large enough to grasp securely.
3. Bearers grasp blanket securely and lift victim, coming to standing position.
4. Bearers carry victim away.

Use  
Trainee  
For  
Demonstration

E. Using trainees, demonstrate types of manual carries.

1. Tied-Hands Crawl
  - a. Turn victim flat on back
  - b. Cross victim's wrists and tie them together



- c. Kneel astride the victim and lift his arms over your head so that his wrists are at the back of your neck.
- d. Begin to crawl forward, raising your shoulders high enough so that the victim's head will not bump on the deck.
- 2. Blanket Drag
  - a. Spread blanket
  - b. Place victim on back on blanket
  - c. Pull blanket along deck, with victim's head first. Victim's head and shoulders should be slightly raised so that his head does not bump the deck.
- 3. Fireman's Carry
  - a. Turn casualty so that he is lying flat, face down.
  - b. Kneel on one knee at victim's head, facing him.
  - c. Pass your hands under victim's armpits clasping your hands across his back.
  - d. Stand, pulling victim to his knees, while taking a firmer hold around his back.
  - e. Raise victim to standing position.
  - f. Place your right leg between his legs while grasping his right wrist in your left hand and swing his arm around the back of your neck and down your left shoulder.
  - g. Stoop quickly, and pull the victim across your shoulders, and at the same time, put your right arm between his legs.
  - h. Grasp his right wrist with your right hand and straighten up.
  - i. Carry victim several feet and lower him gently on his back.

F. Have trainees practice transporting casualties on each other.

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
SEGMENT 6

- I TOPIC: Cardiopulmonary Resuscitation (Artificial Respiration with external cardiac massage)
- II OBJECTIVES:  
When this segment is completed, the trainee will be able to:
1. Perform emergency procedures in Cardiopulmonary Resuscitation (CPR); Artificial Respiration (mouth to mouth)
  2. Apply external cardiac massage.
- III MATERIALS:
- A. Instructor References:
1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 3, pp 9-21
  2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 7-12
  3. NAVPERS 10664 Series, Hospitalman, Chapters 4 and 5, pp 20-30, Change 8, pp 40-46
  4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter IV, pp 17-23
  5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV, pp 321-327
  6. Manual for Operation of Manikin for Training in Cardiopulmonary Resuscitation (CPR) pp 1-29
  7. Cardiopulmonary Resuscitation, a Manual for Instructors - American Heart Association (1967) 44 East 23rd Street, New York, New York, 10010 (available from local chapter of the American Heart Association)
  8. MN-8211A Vital Signs Part 1 Cardinal Symptom
- B. Training Aids:
1. Film MA 9559 (1960) First Aid Part 4 Resuscitation, Mouth to Mouth, Mouth to Nose

2. Film MN 8188-B (1958) First Aid for All Hands - Asphyxia 14 min/color/sound/XX
3. Film - "Pulse of Life" 26 min/color  
(Very important to obtain for instruction. Film may be available from local Chapter of the American Heart Association.)
4. Adult Manikin and Accessory Kit for CPR training

C. Training Equipment:

1. Moulage #2 (face in shock)
2. Blanket
3. Gauze sponge 4x4 antiseptic solution

IV INTRODUCTION:

- A. Explain that a person who has stopped breathing is not necessarily dead, but is in immediate danger (clear air way).
- B. Speed in beginning artificial respiration is vital. It must begin within four minutes, and performed properly.
- C. Circulation: In some cases of electric shock, drowning, and other injuries, the heart stops. No circulation - no pulse.
- D. Cardiopulmonary resuscitation includes all measures needed or taken to clear airway: (A) resume breathing, (B) start circulation. The trainee must become skilled in the proper techniques of these procedures. (Treatment for shock will also be a major factor.)

V PRESENTATION:

- |                                  |  |
|----------------------------------|--|
| Review<br>Film MA 9559<br>Part 4 | A. Artificial respiration (mouth to mouth) <ol style="list-style-type: none"> <li>1. Show the trainees the CPR manikin, and demonstrate how to use the manikin in mouth to mouth resuscitation.</li> <li>2. Using the head section model, demonstrate the tilt of head necessary to open air passageway.</li> <li>3. Demonstrate the required tilt of head and neck on manikin.</li> </ol> |
|----------------------------------|--|

Important to  
cover points  
correctly

4. Demonstrate, on manikin, the steps in performing mouth to mouth resuscitation.
  - a. Check and clear mouth and throat for obstructions.
  - b. Clear the throat airway by tilting head. (Oftentimes this allows breathing to begin.)
  - c. While properly tilting head and neck, take a deep breath, seal your mouth over victim's mouth, close nose by pinching nostrils, and blow until you see victim's chest rise.
  - d. When it rises, stop blowing, raise your mouth from victim and turn your face aside to permit victim to exhale. (Hold head in proper tilt all this time.)
  - e. Repeat cycle (the first 3-5 breaths should be given as quickly and deeply as possible) then regular rhythm, 12-15 times per minute.
  - f. When victim resumes breathing - keep him lying down, warm, and treat for shock/prevent shock.
5. Have trainees perform mouth to mouth resuscitation on manikin.

B. External Cardiac Compression (Massage)

1. Show the trainee the manikin and the steel band around chest which is designed to simulate, as the chest rises, the movement under massage or compression, and demonstrate external cardiac massage.
2. Place manikin flat, on back, on the floor.
3. Take a kneeling position at side of chest.
4. Place the heel of one hand over the lower half of the sternum (breast bone) with fingers out straight.
5. Place heel of other hand on top of the first with fingers out.
6. Keeping arms stiff, lean forward and exert pressure straight down to move the breast bone (sternum) toward spine (depressing 1 to  $1\frac{1}{2}$  inches). Use weight of your body to make pressure, rather than arms alone.

7. Release the pressure without removing your hands from pressure area.
8. Repeat the cycle at the rate of one per second (60 times per minute).

Use  
Manikin

- C. Now demonstrate CPR as one person alternating mouth to mouth resuscitation and external massage; two deep, quick, and full lung inflations with 15 compressions.
- D. Have a second person assist by performing mouth to mouth resuscitation while instructor demonstrates the external cardiac massage - Respiration one (1) to every five (5) compressions. Do not inflate at same time as compression.
- E. Have trainees work in pairs alternating positions and practice CPR on manikin.

NAVAL RESERVE TRAINING  
IN  
FIRST AID

PRACTICAL TRAINING  
SEGMENT 7

I TOPIC: Heat Exhaustion and Heat Stroke

II OBJECTIVES:

When this segment is completed, the trainee will be able to:

1. Give emergency treatment for heat stroke, and heat exhaustion.

III MATERIALS:

A. Instructor References:

1. NAVPERS 10081 Series, Standard First Aid Training Course, Chapter 8, pp 72-73
2. NAVMED P-5004, Handbook of the Hospital Corps, Chapter 3, pp 54-55
3. NAVPERS 10664 Series, Hospitalman, Chapters 4 and 5, pp 20-30
4. NAVMED P-5056, Change 1, Syllabus of Lesson Plans for First Aid Instructors, Chapter IV, pp 57-59
5. OPNAV P 34-03 (1960), Landing Party Manual, Section IV pp 320

B. Training Aids:

1. Film MN-8186 First Aid for Heat Stroke and Heat Exhaustion
2. MN-8211A Vital Signs Part I - Cardial Symptoms

C. Training Equipment:

1. Blanket
2. Gauze sponges
3. Towel/cloth
4. Salt, and water (drinking)
5. Pan/bucket of water

IV INTRODUCTION:

Explain that heat stroke and heat exhaustion result from a common cause of excessive heat, but symptoms and treatment differ.



V PRESENTATION:

A. Heat stroke (Sunstroke):

1. Move victim quickly to a cooler area (shade).
2. Remove victim's clothing.
3. Place victim on back with his head and shoulders slightly raised.
4. Cool victim by sponging or spraying his entire body with cold water. Fan rapidly to evaporate water.
5. If victim is conscious, or regains consciousness, give him cool (not cold or iced) water to drink. DO NOT give any stimulants or hot drinks.
6. Move victim to sick bay.

Review  
NAVPERS  
10081 Series  
Chapter 4

B. Heat Exhaustion:

1. The immediate treatment is similar to the treatment for shock. The victim will have cool clammy skin, will feel faint, and will be sweating profusely. He will have a weak pulse, and the pupils of the eyes will usually be dilated.
2. Treat for shock - keep victim warm (blanket may be needed even though surrounding temperature is warm).
3. Loosen victim's clothing to make him comfortable.
4. Give him liberal amounts of hot water or coffee, with salt added ( $\frac{1}{4}$  tsp.).
5. Continue treating for shock.
6. If casualty suffers from severe heat cramps, relieve the pain by applying heat to the affected muscle area, or by firm pressure of the hand against the muscle.
7. Move victim to sick bay.

C. Have trainees practice treatment of heat stroke, and heat exhaustion on each other.

**NAVAL RESERVE TRAINING  
IN  
FIRST AID**

**Emergency Casualty Problem Cards**  
**Part ~~III~~ I**



## EMERGENCY CASUALTY PROBLEM

#1

REF: ST PETE #36

I TYPE: ASPHYXIA-DROWNING

II SITUATION: (ACTION)

1. SERIOUS FLOODING OF COMPARTMENT.
2. MAN FALLS, STRIKING HEAD ON DECK, KNOCKED UNCONSCIOUS AND LYING IN WATER. (NOT BREATHING)

## EMERGENCY CASUALTY PROBLEM

#2

REF: ST PETE #33

I TYPE: ASPHYXIA-OVERCOME BY FUMES/SMOKE

II SITUATION:

1. MAN FIGHTING CLASS "C" FIRE IS OVERCOME BY FUMES OR SMOKE, AND STOPPED BREATHING.

## EMERGENCY CASUALTY PROBLEM

#3

I TYPE: ASPHYXIA-ELECTRICAL SHOCK  
AND  
CARDIAC ARREST (HEART STOPPED)

II SITUATION:

1. REPAIR PARTY ELECTRICIAN REPAIRING ELECTRICAL CABLE COMES IN CONTACT WITH HOT WIRE, RECEIVES ELECTRICAL SHOCK AND REMAINS IN CONTACT WITH HOT WIRE.
2. MAN STOPPED BREATHING AND HIS HEART STOPPED BEATING (NO PULSE).

- III ON SCENE REPORT: (BY PERSONNEL HANDLING FIRST AID)
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. REMOVE MAN FROM WATER AND BEGIN ARTIFICIAL RESPIRATION (BEGIN WITHIN 4 MINUTES).
  2. CALL FOR ASSISTANCE.
  3. AFTER RESPIRATION BEGINS, KEEP AT REST, CHECK AND TREAT FOR OTHER INJURY.
  4. PREVENT OTHER INJURY.
  5. TRANSPORT CASUALTY TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. REMOVE PATIENT FROM DANGER AREA AND BEGIN ARTIFICIAL RESPIRATION (BEGIN WITHIN 4 MINUTES).
  2. CALL FOR ASSISTANCE.
  3. AFTER PATIENT BEGINS BREATHING, KEEP AT REST, CHECK AND TREAT FOR OTHER INJURY.
  4. PREVENT FURTHER INJURY.
  5. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. REMOVE CAUSE OR REMOVE FROM DANGER AREA. (SECURE POWER OR REMOVE WIRE OR REMOVE MAN FROM WIRE). CALL FOR ASSISTANCE.
  2. BEGIN CPR (CARDIOPULMONARY RESUSCITATION) PROCEDURES IMMEDIATELY (BEGIN WITHIN 4 MINUTES). THIS REQUIRES ARTIFICIAL RESPIRATION AND EXTERNAL CARDIAC MASSAGE, TO CONTINUE UNTIL BREATHING AND HEART ACTION RESTORED OR UNTIL MEDICAL PERSONNEL ARRIVE.
  3. KEEP PATIENT AT REST AND TREAT FOR PAIN, SHOCK AND OTHER POSSIBLE INJURIES.
  4. PREVENT FURTHER INJURIES.
  5. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.

EMERGENCY CASUALTY PROBLEM

#4.

REF: ST PETE #29

I TYPE: BURN 2ND DEGREE, LEFT FOREARM

II SITUATION: (ACTION)

1. CLASS "B" FIRE.

2. ONE MAN WITH 2ND DEGREE BURN, LEFT FOREARM.

EMERGENCY CASUALTY PROBLEM

#5

I TYPE: BURNS-CHEMICAL (PHOSPHOROUS), HAND

II SITUATION:

1. PARTICLES OF WHITE PHOSPHOROUS FROM SHELL BURST CAME IN CONTACT WITH HAND. THIRD DEGREE BURN SUSTAINED.

EMERGENCY CASUALTY PROBLEM

#6

I TYPE: BURNS-ATOMIC, FACE

II SITUATION:

1. ATOMIC ATTACK CAUSES THERMAL BURNS. FIRST DEGREE BURN SUSTAINED.



- III ON SCENE REPORT: (BY PERSONNEL HANDLING FIRST AID)
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. REMOVE CASUALTY FROM DANGER AREA.
  2. TREAT FOR PAIN AND SHOCK.
  3. COVER BURN AREA WITH STERILE DRESSING, BANDAGE, OR BATTLE DRESSING.
  4. REMOVE CASUALTY TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. PICK OFF PARTICLES OF WHITE PHOSPHOROUS IMMEDIATELY AND IMMERSE HAND IN WATER. CALL FOR ASSISTANCE.
  2. APPLY STERILE BANDAGE TIGHTLY TO WOUND TO PROTECT WOUND AND KEEP OUT AIR.
  3. TREAT FOR PAIN AND SHOCK. CHECK FOR AND TREAT OTHER INJURY.
  4. PREVENT FURTHER INJURY.
  5. TRANSPORT OR ASSIST MAN TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. TREAT FOR PAIN AND SHOCK.
  2. COVER WITH STERILE DRESSING OR CLEAN TOWEL TO KEEP OUT AIR AND PREVENT INFECTION.
  3. TRANSPORT OR ASSIST MAN TO SICK BAY OR BATTLE DRESSING STATION.

EMERGENCY CASUALTY PROBLEM

#7

I TYPE: BURNS-ATOMIC, BASIC

II SITUATION:

1. ATOMIC ATTACK CAUSES THERMAL BURNS. SECOND DEGREE BURNS SUSTAINED.

EMERGENCY CASUALTY PROBLEM

#8

I TYPE: BURN-ATOMIC, HAND

II SITUATION:

1. ATOMIC ATTACK CAUSES THERMAL BURNS. FIRST DEGREE BURNS SUSTAINED.

EMERGENCY CASUALTY PROBLEM

#9

I TYPE: BURN, ATOMIC, CHEST

II SITUATION:

1. ATOMIC ATTACK CAUSES THERMAL BURNS, FIRST DEGREE BURNS SUSTAINED.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.
- IV ON SCENE ACTION:
1. TREAT FOR PAIN AND SHOCK. GENTLY REMOVE CLOTHING.
  2. COVER WITH STERILE DRESSING OR CLEAN TOWEL OR SHEET TO KEEP OUT AIR AND PREVENT INFECTION.
  3. TRANSPORT OR ASSIST MAN TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. TREAT FOR PAIN
  2. COVER WITH STERILE DRESSING OR CLEAN TOWEL TO KEEP OUT AIR AND PREVENT INFECTION.
  3. PREVENT OR TREAT FOR SHOCK.
  4. TRANSPORT OR ASSIST MAN TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. TREAT FOR PAIN. GENTLY REMOVE OR LOOSEN CLOTHING.
  2. COVER WITH STERILE DRESSING OR CLEAN TOWEL TO KEEP OUT AIR AND PREVENT INFECTION.
  3. PREVENT OR TREAT FOR SHOCK.
  4. TRANSPORT OR ASSIST MAN TO SICK BAY OR BATTLE DRESSING STATION.



EMERGENCY CASUALTY PROBLEM

#10

REF: ST PETE #13

I TYPE: FRACTURE-SIMPLE, LEFT LEG

II SITUATION:

1. MAN IN REPAIR PARTY ON WAY TO SCENE, SLIPPED ON LADDER FALLING TO DECK, BREAKING LEFT LEG.

EMERGENCY CASUALTY PROBLEM

#11

I TYPE: FRACTURE-NECK

II SITUATION:

1. MAN SLIPPED ON WET DECK AS SHIP ROLLED, STRIKING NECK ON METAL TABLE. MAN CONSCIOUS, COMPLAINS OF SEVERE PAIN IN THE NECK.

EMERGENCY CASUALTY PROBLEM

#12

I TYPE: FRACTURE-SKULL

II SITUATION:

1. MAN FALLS DOWN LADDER STRIKING HEAD. MAN UNCONSCIOUS, BUT BREATHING.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. KEEP PATIENT LYING DOWN. CHECK FOR OTHER INJURY.
  2. CALL FOR ASSISTANCE.
  3. APPLY SPLINT.
  4. TREAT FOR PAIN AND SHOCK.
  5. PREVENT FURTHER INJURY.
  6. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. KEEP PATIENT LYING FLAT. DO NOT ALLOW MOVEMENT OF HEAD.
  2. CALL FOR ASSISTANCE.
  3. IMMOBILIZE THE NECK (BY ROLLED JUMPERS ON EITHER SIDE), BEFORE LIFTING OR MOVING.
  4. TREAT FOR PAIN, SHOCK AND CHECK FOR OTHER INJURY.
  5. PREVENT FURTHER INJURY.
  6. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. KEEP PATIENT LYING FLAT.
  2. CALL FOR ASSISTANCE.
  3. TREAT FOR SHOCK AND CHECK FOR OTHER INJURY.
  4. PREVENT FURTHER INJURY.
  5. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.



EMERGENCY CASUALTY PROBLEM

#13

I TYPE: FRACTURE - COMPOUND, UPPER LEG (FEMUR)

II SITUATION:

1. EXPLOSION CAUSES COMPOUND FRACTURE OF UPPER LEG (THIGH).

EMERGENCY CASUALTY PROBLEM

#14

I TYPE: FRACTURE-COMPOUND-LOWER LEG

II SITUATION:

1. HATCH COVER FALLS ON MAN'S LEG CAUSING COMPOUND FRACTURE.

EMERGENCY CASUALTY PROBLEM

#15

I TYPE: COMPOUND-FRACTURE-UPPER ARM (HUMEROUS)

II SITUATION:

1. WATERTIGHT DOOR SLAMMED ON MAN'S ARM, CAUSING COMPOUND FRACTURE.

III ON SCENE REPORTS:

1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

IV ON SCENE ACTION:

1. TREAT FOR HEMORRHAGE - IMMEDIATELY (CONTROL BLEEDING AND PROTECT WOUND BY APPLICATION TO PRESSURE POINTS AND BATTLE DRESSING). CALL FOR ASSISTANCE.
2. TREAT FOR SHOCK AND PAIN.
3. IMMOBILIZE WITH TRACTION BEFORE LIFTING OR MOVING.
4. CHECK AND TREAT FOR OTHER INJURY.
5. PREVENT FURTHER INJURY.
6. TRANSPORT TO SICK BAY OR BATTLE DRESSING STATION.

III ON SCENE REPORT:

1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE TO CASUALTY TO \_\_\_\_\_.
3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

IV ON SCENE ACTION:

1. IMMEDIATE CONTROL OF HEMORRHAGE (BLEEDING). APPLY STERILE DRESSING TO WOUND. CALL FOR ASSISTANCE. KEEP CASUALTY LYING DOWN.
2. TREAT FOR SHOCK AND PAIN.
3. IMMOBILIZE BEFORE LIFTING OR MOVING.
4. CHECK AND TREAT FOR OTHER INJURY.
5. PREVENT FURTHER INJURY.
6. TRANSPORT AND ASSIST TO SICK BAY OR BATTLE DRESSING STATION.

III ON SCENE REPORT:

1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

IV ON SCENE ACTION:

1. IMMEDIATE CONTROL OF HEMORRHAGE (BLEEDING) AND APPLY STERILE DRESSING TO WOUND. CALL FOR ASSISTANCE. KEEP CASUALTY LYING FLAT.
2. TREAT FOR SHOCK AND PAIN.
3. IMMOBILIZE BEFORE MOVING.
4. CHECK AND TREAT FOR OTHER INJURY.
5. PREVENT FURTHER INJURY.
6. TRANSPORT OR ASSIST TO SICK BAY OR BATTLE DRESSING STATION.

EMERGENCY CASUALTY PROBLEM

#16

I TYPE: HEAT EXHAUSTION

II SITUATION:

1. MAN IN HOT AREA BECOMES DIZZY, NAUSEA, WEAK AND FAINT.

EMERGENCY CASUALTY PROBLEM

#17

I TYPE: HEAT STROKE (SUN STROKE)

II SITUATION:

1. MAN IN HOT AREA BECOMES DIZZY, NAUSEA, HEADACHE, HOT FLUSHED SKIN, AND WEAK.

EMERGENCY CASUALTY PROBLEM

#18

I TYPE: LOSS OF LIMB-AMPUTATION

II SITUATION:

1. EXPLOSION RIPS OFF LOWER LEG (AMPUTATION).



- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. MOVE MAN TO COOLER AREA. CALL FOR ASSISTANCE.
  2. LIE PATIENT DOWN. KEEP FEET AND LEGS SLIGHTLY ELEVATED.
  3. LOOSEN CLOTHING. KEEP PATIENT WARM WITH BLANKET OR OTHER COVERING.
  4. IF CONSCIOUS, GIVE  $\frac{1}{2}$  TEASPOON SALT (OR 2 SALT TABLETS DISSOLVED) IN GLASS OF WARM WATER.
  5. PREVENT OTHER INJURY.
  6. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. REMOVE MAN TO COOLER AREA (SHADE). CALL FOR ASSISTANCE.
  2. LIE PATIENT DOWN ON BACK WITH HEAD AND SHOULDERS SLIGHTLY ELEVATED.
  3. SPONGE MAN WITH COOL OR COLD WATER AFTER LOOSENING AND REMOVING CLOTHING.
  4. PREVENT OTHER INJURY.
  5. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORT:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. IMMEDIATE CONTROL OF BLEEDING AND PROTECT WOUND - (PRESSURE POINTS AND BATTLE DRESSING, TOURNIQUET MAY BE NEEDED). CALL FOR ASSISTANCE.
  2. TREAT FOR SHOCK AND PAIN.
  3. EXAMINE AND TREAT FOR OTHER INJURY.
  4. PREVENT FURTHER INJURY.
  5. TRANSPORT TO SICK BAY OR BATTLE DRESSING STATION.

EMERGENCY CASUALTY PROBLEM

#19

REF: ST PETE #49

I TYPE: MASS CASUALTIES

II SITUATION:

1. TEN MEN HIT DURING BATTLE ACTION AS SHELL EXPLODES IN COMPARTMENT. TWO MEN STILL ABLE TO MAN PHONES. THREE MEN DEAD, ONE AMPUTATION (LOWER EXTREMITY), ONE SUCKING WOUND OF THE CHEST: ONE MAN COMPOUND FRACTURE OF THE UPPER ARM: ONE MAN WITH SCALP LACERATION: ONE MAN WITH SHRAPNEL WOUND IN LOWER JAW.

EMERGENCY CASUALTY PROBLEM

#20

I TYPE: SHOCK-DUE TO HEMORRHAGE (BLOOD LOSS)

II SITUATION:

1. BLOOD LOSS FROM FEMORAL ARTERY DUE TO BULLET CUTTING ARTERY IN UPPER LEG (THIGH).

EMERGENCY CASUALTY PROBLEM

#21

REF: ST PETE #19

I TYPE: WOUND-ABDOMEN, INTESTINES EXPOSED

II SITUATION:

1. MAN HIT IN ABDOMEN BY FLYING METAL. INTESTINES EXPOSED.



III ON SCENE REPORTS:

1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

IV ON SCENE ACTION:

1. CALL FOR ASSISTANCE.
2. APPLY FIRST AID IN PROPER PRIORITIES.
3. APPLY DIRECT PRESSURE BATTLE DRESSING TO CONTROL BLEEDING.
4. APPLY ARTIFICIAL RESPIRATION WHERE NEEDED.
5. TREAT FOR PAIN AND SHOCK, PREVENT FURTHER INJURY.
6. SPLINT FRACTURES AND SUSPECTED FRACTURES.
7. TRANSPORT CASUALTIES TO SICK BAY OR BATTLE DRESSING STATION.

III ON SCENE REPORTS:

1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

IV ON SCENE ACTION:

1. CONTROL BLEEDING AND PROTECT WOUND WITH APPLICATION OF FIRM PRESSURE DRESSING, BATTLE DRESSING AND PRESSURE POINTS. KEEP CASUALTY LYING FLAT AND QUIET. CALL FOR ASSISTANCE.
2. TREAT FOR PAIN.
3. KEEP WARM AND DRY.
4. CONTINUE CHECKING FOR RESPIRATION AND PULSE FOR POSSIBLE CPR NEEDS.
5. TRANSPORT TO SICK BAY OR BATTLE DRESSING STATION (NEED IMMEDIATE BODY FLUID REPLACEMENT).

III ON SCENE REPORTS:

1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

IV ON SCENE ACTION:

1. IF MAN IN DANGER AREA, REMOVE. KEEP LYING FLAT. CALL FOR ASSISTANCE.
2. STOP BLEEDING AND PROTECT WOUND BY APPLYING BATTLE DRESSING TIGHTLY WITH PRESSURE DIRECTLY TO WOUND.
3. TREAT FOR PAIN AND SHOCK. CHECK AND TREAT FOR OTHER INJURY.
4. PREVENT OTHER INJURY.
5. TRANSPORT PATIENT TO SICK BAY OR BATTLE DRESSING STATION.

EMERGENCY CASUALTY PROBLEM

#22

I TYPE: WOUND-SCALP, LACERATION

II SITUATION:

1. MAN STRIKES HEAD ON SHARP METAL OBJECT, TEARING LARGE WOUND IN SCALP. MAN IS CONSCIOUS, BUT BLEEDING PROFUSELY.

EMERGENCY CASUALTY PROBLEM

#23

I TYPE: WOUND, SHRAPNEL, LOWER JAW, FRACTURE (SHATTERED) BLEEDING

II SITUATION:

1. SHRAPNEL WOUND, LOWER JAW, RIGHT SIDE. BONE SHATTERED, OPEN WOUND, PROFUSE BLEEDING - ASPHYXIA.

EMERGENCY CASUALTY PROBLEM

#24

I TYPE: WOUND-SUCKING WOUND OF THE CHEST

II SITUATION:

1. MAN STRUCK IN THE CHEST BY PIECE OF FLYING METAL, RESULTING IN SUCKING WOUND WITH HEAVY BLEEDING.



- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. LIE PATIENT FLAT. APPLY DIRECT PRESSURE TO STOP BLEEDING. CALL FOR ASSISTANCE.
  2. APPLY DRESSING (BANDAGE OR BATTLE DRESSING).
  3. TREAT FOR PAIN AND SHOCK. CHECK AND TREAT FOR OTHER INJURY.
  4. PREVENT FURTHER INJURY.
  5. TRANSPORT OR ASSIST MAN TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. APPLY DRESSING OVER OPEN WOUND WITH PRESSURE TO CONTROL BLEEDING AND PROTECT WOUND. CALL FOR ASSISTANCE.
  2. CLEAR AIR WAY OF DEBRIS (BONE FRAGMENTS, TEETH, AND BLOOD).
  3. PLACE CASUALTY BODY DOWN (PRONE) TO ALLOW DRAINAGE AND BEGIN ARTIFICIAL RESPIRATION (PRONE PRESSURE, BACK PRESSURE/ARM LIFT).
  4. TREAT FOR PAIN AND SHOCK.
  5. PREVENT FURTHER INJURY.
  6. TRANSPORT TO SICK BAY OR BATTLE DRESSING STATION.

- III ON SCENE REPORTS:
1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY----AS SET FORTH IN SHIP'S ORGANIZATION.
  2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
  3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
  4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

- IV ON SCENE ACTION:
1. LIE MAN FLAT WITH HEAD SLIGHTLY RAISED, KEEPING HIM QUIET. APPLY BATTLE DRESSING FIRMLY WITH PRESSURE DIRECTLY TO THE WOUND AND TAPE SECURELY. CALL FOR ASSISTANCE.
  2. TREAT FOR PAIN AND SHOCK. CHECK AND TREAT FOR OTHER INJURY.
  3. PREVENT FURTHER INJURY.
  4. TRANSPORT MAN TO SICK BAY OR BATTLE DRESSING STATION.



## EMERGENCY CASUALTY PROBLEM

#25

I      TYPE: WOUND-GUNSHOT, PALM

II     SITUATION:

1. MAN IN BOARDING PARTY RECEIVES SMALL ARMS FIRE AND SUSTAINS GUNSHOT WOUND IN PALM OF HAND.

III ON SCENE REPORTS:

1. REPORT TYPE OF PERSONNEL CASUALTY AND PERSON AFFECTED TO APPROPRIATE AUTHORITY-----AS SET FORTH IN SHIP'S ORGANIZATION.
2. REPORT EMERGENCY CASUALTY TREATMENT BEING TAKEN AND APPARENT RESPONSE OF CASUALTY TO \_\_\_\_\_.
3. CONTINUE REPORTING PROGRESS OF EMERGENCY TREATMENT AND VICTIM RESPONSE TO \_\_\_\_\_.
4. REPORT FINAL ON SCENE ACTION TO \_\_\_\_\_.

IV ON SCENE ACTION:

1. CONTROL BLEEDING. LIE MAN DOWN. APPLY STERILE DRESSING OR BATTLE DRESSING FIRMLY TO WOUND AND SECURE TIGHTLY BY TAPING OR TYING.
2. TREAT FOR PAIN AND SHOCK. CHECK AND TREAT FOR OTHER INJURY.
3. PREVENT FURTHER INJURY.
4. TRANSPORT OR ASSIST TO SICK BAY OR BATTLE DRESSING STATION.